The Modern Hospital

NOVEMBER 1960

Left: Entrance to the new Sinai Hospital of Baltimore. Below: Decorative lobby welcomes patients in obstetrics-gynecology unit. Bottom: Carpeting is unusual feature of hotel-like patient rooms.

States Report on Aid for Aged

Survey of states shows how they propose to implement Kerr-Mills legislation

Index Measures Design Efficiency

A new yardstick for evaluating hospital units is reported in this Yale study

Beware of One-Pint Transfusions

Transfusions by the gill can cause more trouble than they prevent, surgeon warns

Use of light, cheerful colors and materials that are practically maintenance-free is a major trend in modern institutional rest room decor. Koroseal fabric-backed vinyl wall coverings by B.F.Goodrich meet both demands, and at comparatively low cost. Notice above how the freshness of Koroseal's *Linen Weave* pattern blends with other commonly used rest room materials—ceramic tile, metal, porcelain and marble. There's a Koroseal color to fit into any color scheme. *Linen Weave*, for example, comes in 20 pastel shades. All Koroseal wall coverings are washable with soap and water, retain their sparkling beauty for years.

Use Koroseal to eliminate periodic repainting, and add "that fresh touch" on your next project. For swatches, write Dept.MH11. *B.F.Goodrich Industrial Products Company, Marietta, Ohio.*

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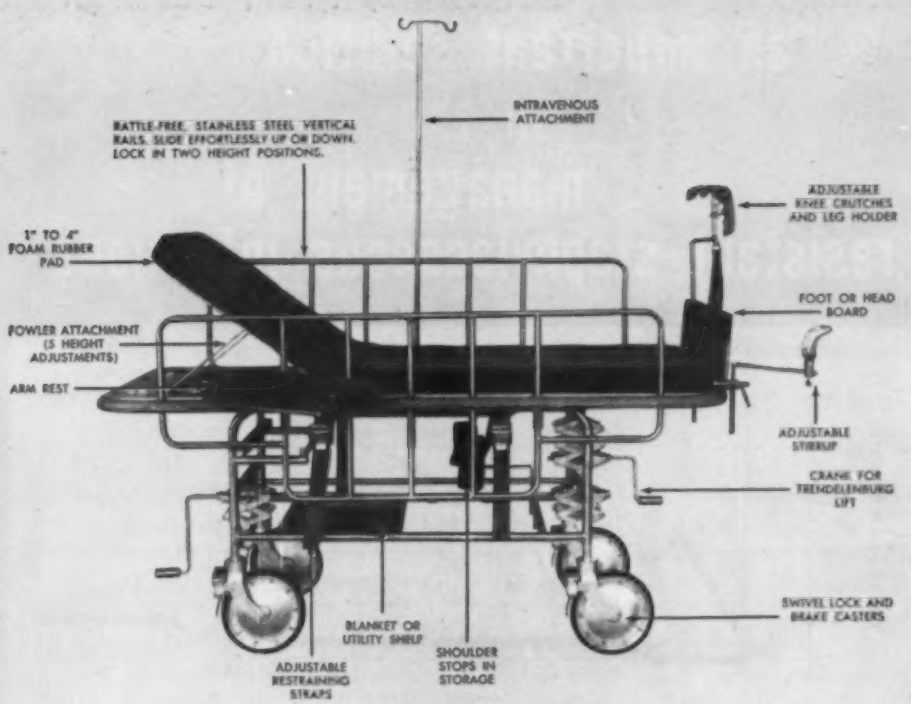

Now offering easiest-operated vertical side rails

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permit easy, friction-free, quiet positioning of Vertical Side Rails. No binding or racking.

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is easy with Vertical Rails in any position.

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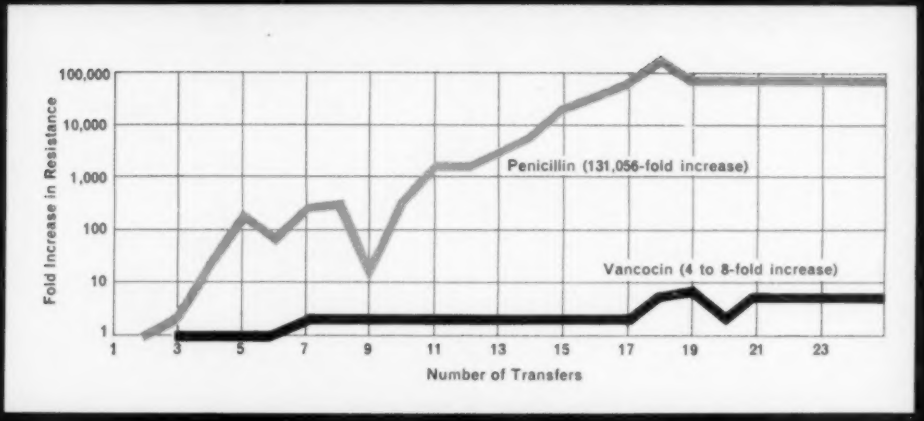
SIMMONS COMPANY
HAUSTED DIVISION

MEDINA, OHIO

an important solution in the management of resistant staphylococcus infections



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QUALITY / RESEARCH / INTEGRITY

VANCOCIN®

(vancomycin, Lilly)

- Vancocin is bactericidal in readily achieved serum concentrations.
- Vancocin is effective against antibiotic-resistant gram-positive pathogens. Cross-resistance does not occur.
- Vancocin averts the development of antibiotic-resistant organisms.

Supplied:

Only as Vancocin, I.V., 500 mg., in 10-cc. rubber-stoppered ampoules. Before administration, the physician should consult essential information contained in the package.

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The Modern Hospital

NOVEMBER 1960 VOLUME 95, NO. 5

Continued on next page ▶

The Modern Hospital

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Chicago Advertising Offices: 919 N. Michigan Ave., Chicago 11, Ill.; *Eastern Office*: 119 W. 40th St., New York 18, N.Y.; *Cleveland Advertising Office*: 321 Hanna Bldg., Cleveland 15, Ohio; *Western States Advertising Representative*: Wettstein, Nowell & Johnson, Inc., Los Angeles, San Francisco.

Published monthly by The Modern Hospital Publishing Co., Inc. (subsidiary of F. W. Dodge Corporation), 919 North Michigan Avenue, Chicago 11, Ill., U.S.A. (Cable Address: Modital, Chicago.) Irving W. Hadsell, president; Robert F. Marshall, executive vice president; Robert M. Cunningham Jr., vice president and editorial director; H. Judd Payne, vice president; J. W. Cannon Jr., assistant vice president; Stanley R. Clague, secretary; Howard M. Thompson, treasurer. Subscription price in U.S., U.S. Possessions and Canada, $5 a year and $8 for two years; elsewhere, $7 a year and $12 for two years. Single copies, $1. Member Audit Bureau of Circulations, Associated Business Publications. Second class postage paid at Chicago, Ill., and at additional mailing offices. Printed in U.S.A. Thirty days in advance of publication date should be allowed for change of address.
Change of address notices, undeliverable copies, and subscription orders should be sent to: the MODERN HOSPITAL, 919 North Michigan Ave., Chicago 11, Ill.

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*Bogash, R. C.; DeLa Chapelle, N.; Sowinski, R., and Downes, D.: Disposable Type Vials for Adding Medications to Large Volume Parenterals, Am. J. Hosp. Pharm. *17*:104 (Feb.) 1960.

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READER OPINION

Defends Professional Colleague as 'Casualty'

Sirs:

I beg the privilege of your columns for a statement regarding the Cambridge – Maryland Hospital dispute, which you have reported in considerable detail in your journal. I should like to express my concern over that part of the arbitrators' decision on this case which affected the positions of the administrator and several physicians at the hospital.

Those who followed the dispute in your columns will recall that the distinguished board of arbitrators decided, among other steps, to remove Harold P. Coston as administrator and to forbid a group of physicians (including one who had already been dropped from the medical staff by the trustees) from serving as officers of the staff for three years.

In effect, then, Mr. Coston suffered the penalty of loss of the privilege of earning his livelihood at an institution which he had served with distinction for seven years, while the physicians were treated with a considerably lesser penalty for faults which the decision described as more serious.

Now I don't know Harold Coston at all, but I consider him a professional colleague. He was trained in our field at Johns Hopkins University, he served at military and civilian hospitals, and his professional standing was acknowledged by election to leading positions in his state and regional hospital associations as well as membership in the American College of Hospital Administrators.

Let us recognize Mr. Coston as a casualty in a rather messy situation. Let us join to wish him well. And let us consider how to act through our profession to eliminate the situation where firing the administrator is the first step to be taken to clean up a mess in hospital-physician relations.

Max Shain
Assistant Professor
of Hospital Administration

Graduate School of Business
and Public Administration
Cornell University
Ithaca, N.Y.

P.P.C. Figures Requested

Sirs:

I read the article entitled "Nursing Patterns Vary in Progressive Care" by F. G. Abdellah et al. in your August issue with considerable interest. While I appreciate that it is primarily a nursing rather than an architectural survey of the problem, I should be interested in knowing how many square feet per bed is allowed in each of the four intensive care units that are described, or alternatively, the over-all size (length and breadth in feet) of each unit.

Ian MacKenzie
Professor of Surgery

Victoria General Hospital
Halifax, N.S.

This request was referred to the authors, who replied as follows:

Your request regarding the square


Here is a representative sampling of Hard's distinctive new Mark 20 line of patient room furniture. There are 21 unique pieces in all, fashioned in Life-Long Metal, available in a range of variations using decorator enamels and Formica. Ask your dealer about Hard Mark 20.
this is MARK 20
THE HARD MANUFACTURING CO.
117 Tonawanda Street
Buffalo 7, New York

feet per bed for the four intensive care units was discussed with the Public Health Service architects working on progressive patient care units. As authors, our intent was to provide a representative picture of different types of intensive care units. It would be a misservice to you to provide specific square footage.

However, the Division of Hospital and Medical Facilities is now preparing for printing a revised edition of "Elements of Progressive Patient Care," which will include detailed architectural plans for all types of progressive patient care units. Your name has been placed on the mailing list and we will be very happy to send you a copy.

Faye G. Abdellah
Assistant Chief
Research Grants Branch
Division of Nursing
Helen L. Roberts
Nurse Consultant
Division of Hospital and Medical Facilities

U.S. Public Health Service
Washington, D.C.

Consultant Fee Defended

Sirs:

In my article, "Hospitals Can Learn From Consultants," which you published last May, there was considerable comment from consultants in regard to the average figure I quoted of $100 a day.

Therefore, I was interested in seeing an article in the May-June 1960 issue of the *Harvard Business Review*, "Can Small Businesses Use Consultants?" by Harvey D. Krentzman, president of Advanced Management Associates, Inc. On page 130 he states: "What is the fee which most respondents consider to be fair? (More than 200 managers of small companies were canvassed.) Both users and nonusers generally agree on a charge of $100 per day. Once again, though, the conservatism of the nonusers is shown in the following figures as to what is considered a fair fee for one day's consulting service."

	Per Cent Users	Per Cent Nonusers
$ 25	2	11
50	12	26
75	7	12
100	50	44
125	23	4
150	6	3
	100 per cent	100 per cent

Richard T. Viguers
Administrator
Pratt Diagnostic Clinic
New England Center Hospital
Boston

Protests 'Narrow View'

Sirs:

Your September issue carried an article by Dr. Thomas Hale Jr., "Why Nursing Supply Can't Meet the Demand." I have just finished reading it, and am struck by the narrow view the doctor has of the type of education a modern nurse needs. I am sure he is sincere in his opinions, though I disagree with them.

I urge you, in the name of fairness, to commission some prominent nurse educator to write as lengthy a defense of the awakening profession's views on nurse education as Dr. Hale presented, and let your public judge for themselves all the facts on this issue.

Name withheld by request.

Greatest sheet news in years!

CANNON PERCALES

now with

PIMA-BLEND

Cannon Combspun® Percale all-cotton sheets are:

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Finer!

Longer wearing!

Stronger than ever!

And at no increase in price!

ALL THIS plus careful finishing in stitching and hems.

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TRADE MARK MADE IN U.S.A. CANNON

ROVING REPORTER

Luxury Suites Prove Popular in Pittsburgh

Accommodations for patients who expect luxury – and don't mind paying for it – have recently been opened at two Pittsburgh hospitals. These "executive" patient rooms combine beauty, comfort and efficiency.

West Penn Hospital's new patient rooms, part of an over-all reconstruction program, may be combined into suites of three rooms for any patient who wants more expansive accommodations. One room in each "executive suite" has a private bath.

The plush rooms – at a rate of $35 a day – provide living room comfort with carpeting, a lounge chair, and a sofa that converts into a bed for a private duty nurse or a member of the family.

"Demand for them has far exceeded anything we had expected," James I. McGuire, administrator, commented.

Elizabeth Steele Magee Hospital's new furnishings replaced furniture that had been in use since 1915. The wing was redesigned to provide the same kind of functional, well designed accommodations that appear in homes. Carpeting and paintings in the corridor add to the homelike appearance of the wing.

The room rates are from $30 to $35 daily. Most of the patients who use these facilities do not rely on insurance to pay their bills.

The Magee unit serves medical, surgical and gynecological patients. Since it opened it has had nearly complete occupancy except for a late summer slump, according to Dr. Hilda H. Kroeger, administrator of the hospital.

Sculptured carpeting provides a homelike setting for the sofa and chair in the West Penn executive suites. Sofa also converts to bed.

Volunteer demonstrates a make-up tray in the overbed table — one of the many convenience features in the Magee Hospital luxury suites.

'Flying' Therapy Is Fun

Children can now pilot themselves back to health at St. Alexius Hospital, Bismarck, N.D.

At the controls of an oxygen "space ship" the hospitalized child can take his oxygen, nebulized medication, and humidified air through an interestingly designed helmet. He can remain comfortably in his hospital bed and pilot his own "plane" while a humidified or medicated oxygen mixture is being inhaled.

The "space equipment" is set up with a plastic oxygen mask clamped onto a helmet. An oxygen nebulizer is attached to the mask by a colorful corrugated tube, which is attached to the oxygen outlet.

A miniature instrument panel is placed over the child's bed so that he can take off into space and actually enjoy the experience. If the pilot should desire a cooler atmosphere, the solution that he is inhaling may be placed in a container of ice so that a true sensation of altitude may be experienced.

The candidate who has successfully completed the course of oxygen therapy treatments is awarded a certificate making him "Honorary Pilot," or her "Honorary Flight Nurse." The certificate is signed by the Adjutant General of the North Dakota National Guard.

FOR TECHNIC PERFECTION IN BLOOD COLLECTION...

NEW B-D VACUTAINER® sterile disposable needle

reduces risk of cross-infection – a new, factory-sharp needle for every venipuncture

a B-D DISCARDIT product

SAFE
re-use is precluded... plastic hub cannot withstand conventional re-sterilization

UNIQUE
the first truly disposable needle available for use with evacuated tubes

ECONOMICAL
preparation of needle and post-use handling eliminated

CONVENIENT
ready for immediate use... individually packaged in handy, sterile units

and B-D VACUTAINER® evacuated specimen tube

offers the **simplest** and most **efficient** means of obtaining quality blood specimens

PROVEN BY OVER 10 YEARS' EXPERIENCE

SUPERIOR STOPPER
easy to clean...
easy to use...
easy to remove...

STRAIGHT SIDE TUBE
easy pouring... easy pipetting of serum, plasma or whole blood... easy removal of clots

WIDE RANGE OF USES
six different sizes and 45 different anticoagulants and preservatives ...color-coded according to usage

BECTON, DICKINSON AND COMPANY
RUTHERFORD, NEW JERSEY

Hospitals Have a Story To Tell and It Needs Continual Telling

By Gordon Davis

THE competition of printed matter that engages hospitals and other vocal organizations is fierce and unrelenting. Often it is so overpowering that the innocent consumer, caught inextricably in the middle, cries piteously for relief.

Gordon Davis

You've heard these cries, possibly from board members, doctors, auxilians. Don't send me any more written matter, they protest. I get too much already. I can't possibly read it all.

What should you do? Tell 'em to go jump in the lake. Well, frankly and, of course, politely, the answer is Yes. Whether they want to hear your story or not, they've got to if the hospital is to remain strong. It's the administrator's business to see to it that people know what they need to know even if it hurts.

Early in my public relations career I received the first of what has become an accumulation of curt notes from newspaper editors demanding removal of their names from publicity mailing lists. To that first incredible renunciation I replied that the editor alone could exercise judgment regarding what should or should not appear in his paper, and that to omit him from a general mailing list would be depriving him of this judgment. A smart aleck response, no doubt, but essentially true.

An editor's job includes sifting through the mountains of material that arrive daily on his desk. Much of what he gets is sheer tripe. That's tough. But as every good editor knows in his heart, he starts putting himself out of business the minute he starts delegating to outsiders the authority to determine news values.

Most of us have heard grumbling about the quantities of direct mail advertising that clog our mailboxes. At least 95 per cent of the mail I receive goes, forthwith, into the wastebasket. About half of the remainder is set aside for future consideration, which it sometimes gets and sometimes does not. The balance earns immediate attention.

This is probably typical. The 95 per cent which I discard is complete waste so far as I am concerned. I hear many argue that this waste should be prohibited. True, it wouldn't be tolerated in Russia. But unfortunately there is no way to eliminate such "waste" without also eliminating the mail that is valuable – no way, that is, short of arbitrary censorship that substitutes someone else's judgment for my own.

Similarly with advertising in general. Much of it is offensive to the nostrils; some even disturbing to the digestive tract. But the politicians who would establish controls other than those traditionally accepted by a free press are encouraging total regimentation without knowing it.

Our society has so broadened our choices – literary and otherwise – that we groan under the decisions they demand. To me the price is small. I'll gladly wade through hip-deep morning mail for the occasional nugget I find.

Every soundly executed, carefully distributed, piece of printed matter finds an appreciative audience. Some fraction of the audience may indeed respond with anguish or anger. But especially in the hospital field where broader public understanding is the price of survival in freedom, we cannot afford to still our tongues. ■

The bedsheet that fights germs

All over the country hospitals were alerted. Outbreaks of infection had been reported in several places. The cause: A well-known germ that had suddenly developed strains resistant even to modern miracle drugs.

Though isolated, these cases put medical centers into immediate action. No such menace could be given the faintest chance to spread through the nation's carefully run hospital system.

The germ was called *Staphylococcus aureus*, or "staph" as doctors nicknamed it.

Staph presented a many-sided problem. Visitors—even hospital personnel—could be carriers because the germ can be resisted by healthy adults. It is most dangerous to the newborn, the very old, and patients recovering from surgery.

Even more difficult, the fabrics used in hospitals—linens, uniforms, all materials that create lint—were suspect. For staph clings to lint and becomes airborne. The tiniest of lint particles raised by changing beds or normal walking in uniforms, were potential dangers.

No matter how often hospital staffs scrubbed floors and walls, no matter how carefully they followed strict rules for personal cleanliness, many airborne staph germs remained alive.

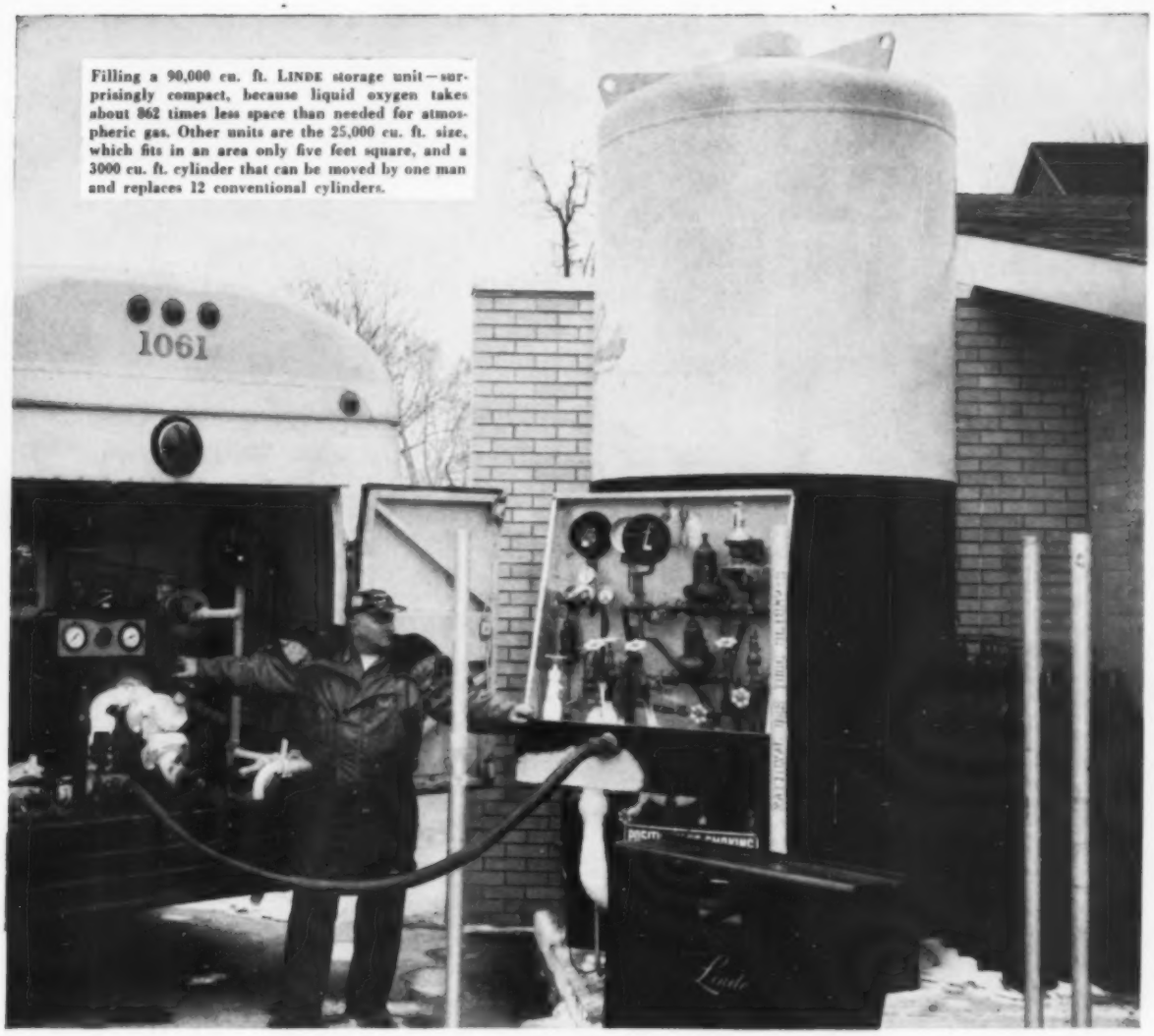
Today, the danger of staph-contaminated lint from blankets, mattresses, bed linens, and uniforms can be virtually eliminated by a new product developed, field tested, and proven by the Armour Industrial Soap Division called Velva-Soft-G®. Fabrics treated with Velva-Soft-G during the normal laundry operation arrest the growth of staph germs on contact. The fabrics keep their germ fighting ability from washing to washing.

A new high active Velva-Soft-G Concentrate is now available. It will treat the average patient's linens for approximately 2½¢ per day.

For technical information on the clinically proven antibacterial treatment for hospital linens with VELVA-SOFT-G, please write to: B. J. Augst, Manager.

ARMOUR AND COMPANY

Industrial Soap Division — **1355 West 31st Street, Chicago 9, Illinois**



Filling a 90,000 cu. ft. LINDE storage unit—surprisingly compact, because liquid oxygen takes about 862 times less space than needed for atmospheric gas. Other units are the 25,000 cu. ft. size, which fits in an area only five feet square, and a 3000 cu. ft. cylinder that can be moved by one man and replaces 12 conventional cylinders.

YOU'VE GOT TO BE SURE ABOUT OXYGEN

With hospital oxygen, you've got to be sure that it's produced to U. S. P. standards . . . that it's properly stored and handled . . .

And you've got to be sure that it's there when you need it.

You don't face problems like these when you have a LINDE liquid oxygen system installed. Any general hospital from 25 beds up can have liquid oxygen. Experienced LINDE representatives are ready to help in selecting and installing the equipment you need. You will find that liquid oxygen takes only a fraction of the storage space required for gas. Highly qualified personnel supervise its production all along the line. And deliveries are regular and dependable, wherever your hospital may be located in the United States.

Take advantage of more than 50 years of LINDE experience in the oxygen business. Call your nearest LINDE representative or distributor. Or write Linde Company, Division of Union Carbide Corporation, 30 East 42nd Street, New York 17, N. Y. *In Canada:* Linde Company, Division of Union Carbide Canada Limited, Toronto.

Linde UNION CARBIDE

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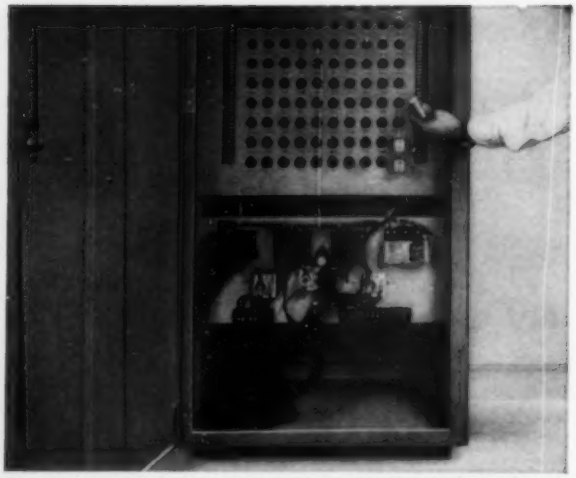
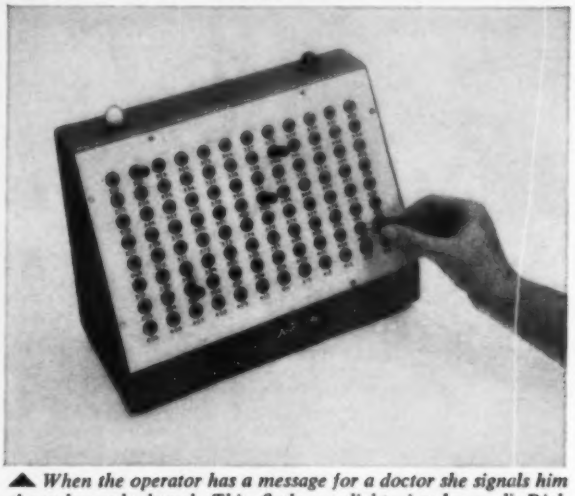
▲ *Doctors—entering and leaving—dial 3-digit code numbers on small Dial-Registers placed at convenient locations—then press the IN or OUT button.*



▲ *Their IN-OUT status is transmitted by electrical impulses to the control center. There the information is stored for release to any IN-Former which interrogates it.*

▲ *IN-Formers are used by the telephone operator and others to check any doctors' IN-OUT status by dialing his code number. Colored lights reveal his status.*



▲ *When the operator has a message for a doctor she signals him through a plugboard. This flashes a light signal on all Dial-Registers as he dials himself IN or OUT.*

"DIAL-IN"

—the Best Doctors' In-and-Out Register System for Large Hospitals

This unique new staff register system is really a boon to large hospitals. When a doctor is urgently needed much time can be saved—perhaps a life— by knowing immediately and reliably whether or not the doctor is in the hospital. In large-staff hospitals with a number of entrances—or a number of buildings—the problem of registering the coming and going of doctors has defied a satisfactory solution. Up to now conventional register systems have required too much space; too much installation expense; too much inconvenience and time-loss to doctors and hospital personnel. Now, the Auth "Dial-IN" system eliminates these obstacles and makes it possible for large-staff hospitals to know who is in within a few seconds—and it does this conveniently for everyone and at reasonable cost.

The "Dial-IN" System and other types of doctors' in-and-out register systems; nurses' call systems; and doctors' paging systems—all designed to increase the efficiency of your hospital —are manufactured by AUTH. A representative is ready to discuss them with you. No obligation, of course.

Auth SINCE 1892

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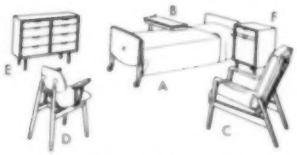
LONG ISLAND CITY 1, NEW YORK

SPECIALISTS IN HOSPITAL SIGNALING AND COMMUNICATION SYSTEMS, CLOCK AND FIRE ALARM SYSTEMS

CARROM 3000 GROUP

the traditional warmth of walnut in trend-setting design



A — E59-9W-4 Electric Adjustable Height Bed
B — 3-1950 Overbed Table
C — 3-1108S Hi-Back Convalescent Easy Chair
D — 3917S Arm Chair
E — 3055 Double Chest*
F — 3002 Bedside Cabinet*

Also available
- M59-8FW-2 Manual Adjustable Height Bed
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The friendly charm of Satin Walnut creates a rich and secure atmosphere . . . in keeping with today's concept of patient care.

Functional simplicity . . . provides easy cleaning plus a trim, uncrowded look in every room.

Carrom 3000 brings you a craftsman's choice of Walnut woods, Walnut finished hardwoods, Mist White Formica and Satin Chrome . . . all blended into rugged, durable units.

Trend-setting! . . . with ideas and innovations you haven't seen before!

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Carrom industries inc.

*Designed by G. Luss of Designs for Business, Inc.

LUDINGTON, MICHIGAN

ROTARY MACHINES

process all surgical gloves ...regular or disposable *for less than 1½¢ each*

By far the lowest cost, most dependable method for washing, drying, and powdering rubber gloves...yes, even "disposables". Less than 1½¢ per glove including all materials and labor! Three companion, single-purpose machines, each with 150-glove capacity, eliminate delays. No waiting between loads. All stages of processing can be carried on simultaneously. And glove life is materially extended... reducing need for large inventories.

Matching stainless steel units are attractive, sanitary, and durable. In hospitals of 100 beds or more, they repay their cost the first year... while creating substantial savings over hand methods.

WASHER—The only machine designed specifically for surgical gloves. Unique tub design and pulsating action clean gently, thoroughly... three times faster than by hand.

DRYER—Revitalizes gloves. Thermostatically controlled warm air dries three times faster than by hand. Unique air circulation keeps operating parts clean, promotes safety.

POWDERER—Applies uniform coating inside and out... ten times faster than by hand. Airtight. No powder escapes.

FREE: Glove Processing Manual, giving latest, recommended procedures, sent on request. Also, descriptive literature on each machine and other Rotary hospital products.

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Hanovia Equipment

LUXOR ALPINE QUARTZ LAMP

Delivers complete ultraviolet spectrum. Provides intense radiation of wide, even distribution.

SUPER ALPINE QUARTZ LAMP

Powerful, high intensity quartz mercury arc emits all effective intense bands of therapeutic ultraviolet.

AERO-KROMAYER QUARTZ LAMP

Intense, concentrated source of ultraviolet for local and orificial application. Air cooled!

proving high clinical value

of ultraviolet therapy in treatment of all these diseases and conditions:

Physical Rehabilitation: Ultraviolet is particularly effective in increasing blood hemoglobin level. Authoritative report reads: "The blood changes produced by ultraviolet radiation are increased number of red and white cells and platelets, lowered blood sugar, increased sugar tolerance, increased blood calcium, relative lymphocytosis and eosiniphilia." Other authorities state: "Ultraviolet exerts a glycogen storing effect preventing the lowering of respiratory quotients after muscular exercise." Exposure to Hanovia ultraviolet improves absorption and utilization of calcium, iron, nitrogen and phosphorus.

Tuberculosis: Irradiation is of distinct value for patients suffering from tuberculosis of the bones, articulations, peritoneum, intestine, larynx, and lymph nodes, or from tuberculosis sinuses.

Care of Infants and Children: The prophylactic and curative effects of ultraviolet radiation on rickets, infantile tetany or spasmophilia, and osteomalacia are well known.

Psoriasis: Goeckerman technique, crude tar and ultraviolet radiation, very helpful in numerous cases. Ultraviolet produces definite chemical change in tar, a combination both reliable and effective.

Other applications *include* treatment of numerous skin diseases, with ultraviolet radiation acting specifically on lupus vulgaris, and providing a beneficial effect in such conditions as acne vulgaris, pityriasis rosea, indolent ulcers, and some forms of eczema.

Yours on request: Authoritative treatises describing ultraviolet therapy. Write for your free copies today. Dept. MH-4.

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LAMP DIVISION
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Predictable performance
with skillful guidance

A MATCHLESS COMBINATION

THE SAME *Sharp* EDGE
THE SAME *Safe* PACKAGE

B-P Sterile Blades . . . always assuring cutting efficiency at its best . . . NOW packaged in a choice of steel to meet your requirements.

It's Sharp

The quality is a TRADITION • The CHOICE of steel is yours

Check YOUR preference of

BARD-PARKER STERILE BLADES

in the puncture-resistant *easily* opened package

CARBON

SHARP at equal hardness—carbon holds its cutting edge longer.

RIGID the 'RIB'—exclusive with the B-P RIB-BACK carbon steel blade gives extra rigidity. Rolling a 'rib' on stainless is difficult and too costly.

SAFE danger of breakage during surgery is minimized—carbon has a greater degree of toughness without embrittlement.

STAINLESS

CORROSION RESISTANT will not corrode when subjected to a reasonable period of thermal sterilization.

ECONOMICAL resterilization of exposed but unused blades eliminates 'discards'—saves costs.

TIME-SAVING may be attached to handles for emergency use in put-ups involving cardiac arrest, tracheotomy, paracentesis, or wherever preassembly is necessary.

BARD-PARKER BLADES are available:

Sterile
- B-P RIB-BACK carbon steel (individual package)
- B-P stainless steel (individual package)

Non-Sterile
- B-P RIB-BACK carbon steel (6 of one size per package)
- B-P RACK-PACK RIB-BACK carbon steel (gross and half gross units of one size)

BPI-60 PRINTED IN U.S.A.

B-P

BARD-PARKER COMPANY, INC.
DANBURY, CONNECTICUT
A DIVISION OF BECTON, DICKINSON AND COMPANY

Just what the doctor ordered!

Edison dictating phones make medical records easier to prepare . . . help make them complete, up-to-date!

Just station Edison Voicewriter dictating phones at strategic locations throughout your hospital and watch record-keeping efficiency rise. Doctors dictate their reports wherever they originate. There's no delay . . . no need to wait for a stenographer.

The doctor's dictation is *recorded* right in the Medical Record Library. His every word is captured . . . just as it was dictated . . . ready for the medical secretary to transcribe. The doctor isn't saddled with time-consuming long-hand reports . . . gets his medical records out with half the effort.

And as a hospital, you get the records you must have . . . increase the efficiency of your secretarial staff to an astonishing degree.

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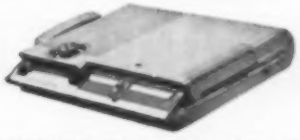
From Edison Voicewriter Dictation Center, U.S.A. for every business recording need!

Edison Voicewriter offers the most complete line of dictating equipment ever put on the market—units in *every* price range . . . disc and tape machines . . . desk and portable models . . . phone network dictating systems. All serviced by a single, nationwide organization.



The Edison Voicewriter—the finest dictating instrument ever built

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for free tryout or free literature

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Dictation Center, U. S. A.
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Yes, I am interested in knowing more about hospital savings with Edison Voicewriter equipment.

☐ I want a free demonstration and analysis.
☐ I want free literature.

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A product of Thomas A. Edison Industries, McGraw-Edison Company, West Orange, N. J. *In Canada:* 32 Front Street W., Toronto, Ontario

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RED SEAL 300 X-ray film is identical in quality and consistency with the regular 75-sheet Red Seal packing. The outer carton contains four inner cartons, each with 75 sheets of film, foil protected and interleaved. Rip tabs on all cartons make opening easy. If you use X-ray film in quantity, you can save money by ordering Ilford Red Seal 300. Now available from General Electric, Keleket, Picker, Westinghouse and their authorized dealers.

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Many of your patients sleep on Beautyrest* mattresses at home. They know the mattress and prefer it. So, naturally, when they find Beautyrest on their hospital bed they are reassured...comforted.

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Famous Beautyrest features—separately pocketed coils with floating action...deep layers of comfortable felted upholstery...patented sagproof border...and many others—make Beautyrest a better buy for hospitals. That's why so many hospital administrators insist on Beautyrest.

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To Simmons Company, Contract Division MH-11
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Improved underpad reduces incidence of bedsores, cuts costly spoilage

Latest Curity achievement features soft top sheet of real fabric yarns plus 100% leakproof bottom sheet

The strongest, most comfortable protection ever afforded the incontinent patient is now available in the new Curity poly incontinent pad.

Real fabric yarns give the Kaycel* top sheet a cotton softness with greater wet strength. And the improved bottom sheet is of pure polyethylene. One hundred percent waterproof. No wrinkling or rattling. Or paper cuts.

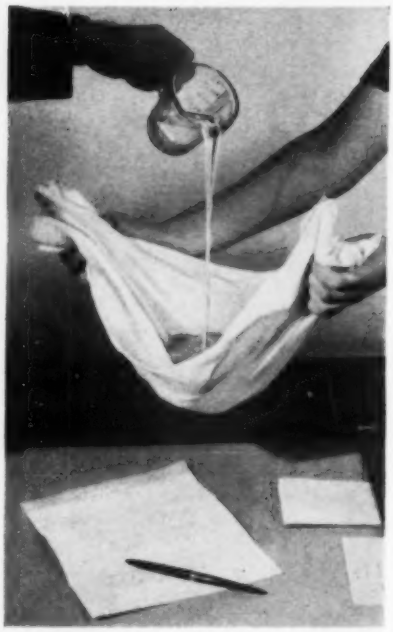
In between, you have the exclusive Cellucotton* filler, for the highest absorbency available.

Cuts waste, gains time

You'll see savings with only a few days' use. Less turnover in linen. Fewer pads per patient. Far less labor. And you won't see nearly as many bedsores.

Check with your Curity representative. Find out about the complete Curity underpad line—for the strongest in comfortable, leakproof protection.

FREE SAMPLE For a trial quantity of new Curity poly incontinent pads, write, on your letterhead, to: Dept. MH-11, Bauer & Black, 309 W. Jackson Blvd., Chicago 6, Ill.



Holds water almost indefinitely. With the new Kaycel top sheet and the impermeable bottom sheet, the Curity poly incontinent pad absorbs and holds without shredding. Size: 17½" x 24"

Curity®

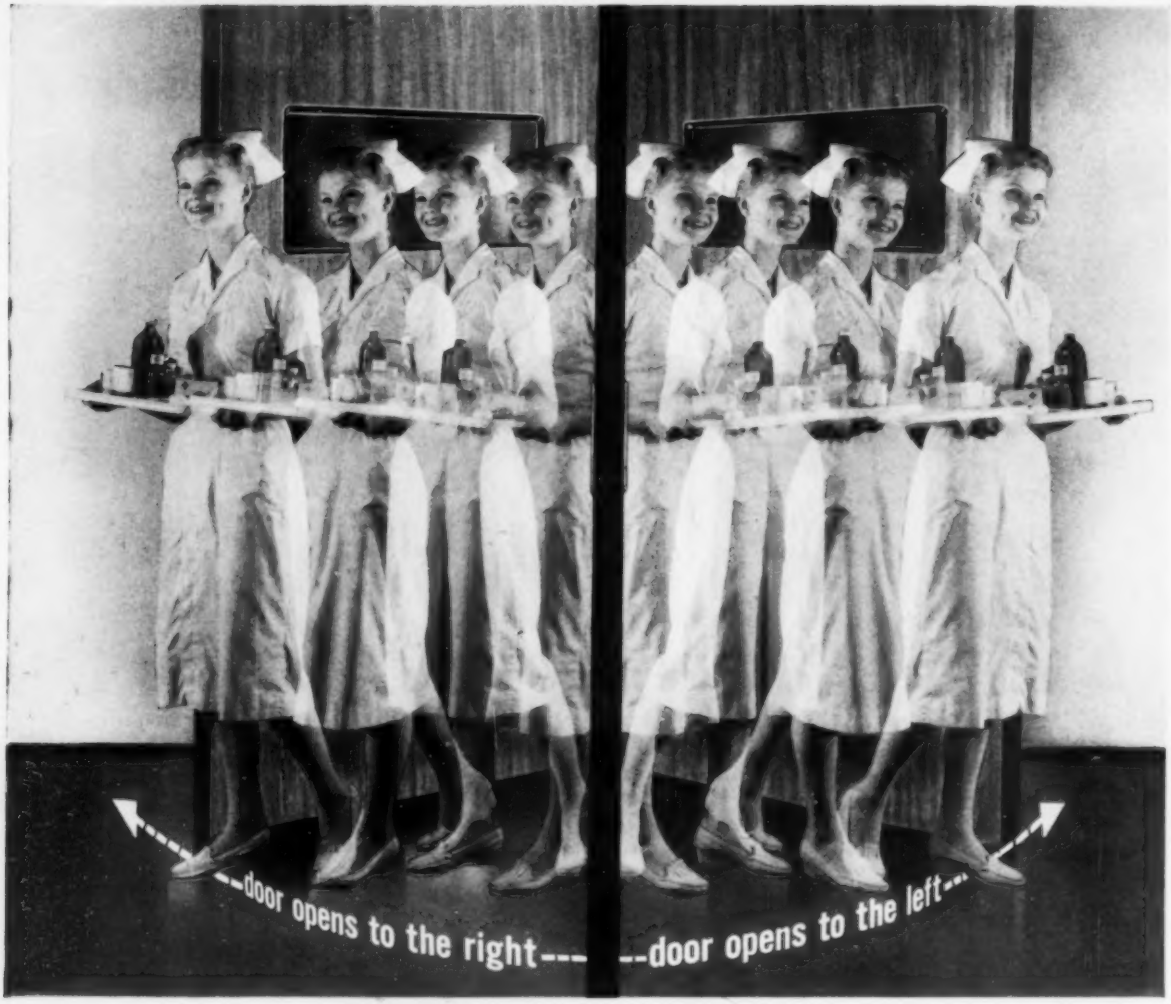
POLY INCONTINENT PAD

THE KENDALL COMPANY
BAUER & BLACK
DIVISION

*Reg. T. M. of the Kimberly-Clark Corp.

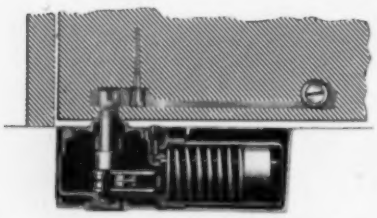
TWO-WAY TRAFFIC through ONE INTERIOR DOOR

with RIXSON® DUO-CHECK door closers



ALWAYS RETURNS

to exact closed position – gently, quietly without FLIP-FLAP



Firmly and easily installed in the floor, Duo-checks are completely concealed, have no exposed hinges, arms or mechanisms.

With the spring power always under hydraulic check, a RIXSON Duo-check offers the safest control for a double acting door . . . never a violent opening swing . . . never a violent closing swing. Ideal for doors where persons pass through carrying loaded trays or carts. Widely used on hospital supply or utility room doors and kitchen doors in institutions, restaurants and homes. Available with 90° hold-open to hold door at right or left swing or both.

For single acting interior doors, RIXSON UNI-CHECKS offer the same desirable features of permanent, concealed installation and Rixson dependable door control.

See Sweets File 18e/Ri or write for complete details

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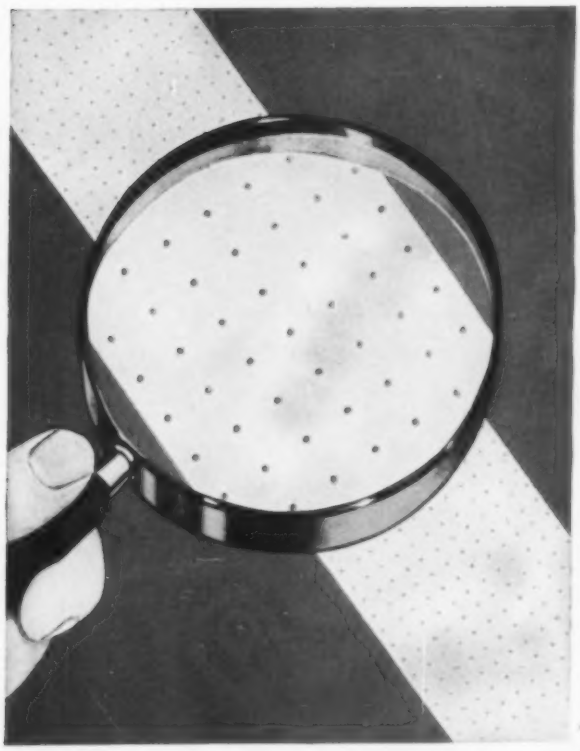
CANADIAN PLANT: 43 racine rd. (rexdale p.o.) toronto, canada



Double Seal®
POROUS
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A revolutionary new process that actually renders it

FULLY POROUS

The minute openings are perfectly formed so as to permit unobstructed passage of air through BOTH the *adhesive mass surface* and the *cloth backing!* Full standard spread of the adhesive mass insures perfect adhesion; strength of the backing cloth is maintained.

WHAT YOU SEE YOU CAN BELIEVE

The porosity of Double Seal POROUS Adhesive Tape can readily be seen with the naked eye. Under the magnifying glass the holes show how *clear* the porosities are for better aeration. Naturally better, of course—BUT COSTS NO MORE!

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Available in Natural Flesh and White. 12″ x 10 yard rolls in the following widths: ½″, 1″, 1½″, 2″, 3″, 4″, and assorted sizes. Order now from your supplier or direct from us.

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Please send me a 2″ x 3 yds. roll of Double Seal POROUS Adhesive Tape.

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Now for the First Time

An All-Purpose Oxygen Nebulizer

Which will provide the answer to one of your major Oxygen Therapy problems — from a single, standard unit in your Oxygen service, you can satisfy the many humidity requirements—

The Puritan Nebulizer is All-Purpose because it—

- can be used *cold* or *heated*
- provides *high* or *saturated humidity*
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- can be *autoclaved . . . in its entirety*
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These and other features make this unit truly the first All-Purpose Nebulizer for your Oxygen Therapy Service.

Ask your Puritan Representative, or write, for full details about this new, exclusive Puritan Oxygen Nebulizer.

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Producers of Medical Gases And Gas Therapy Equipment
Represented in the Far West by
BENNETT RESPIRATION PRODUCTS, INC.
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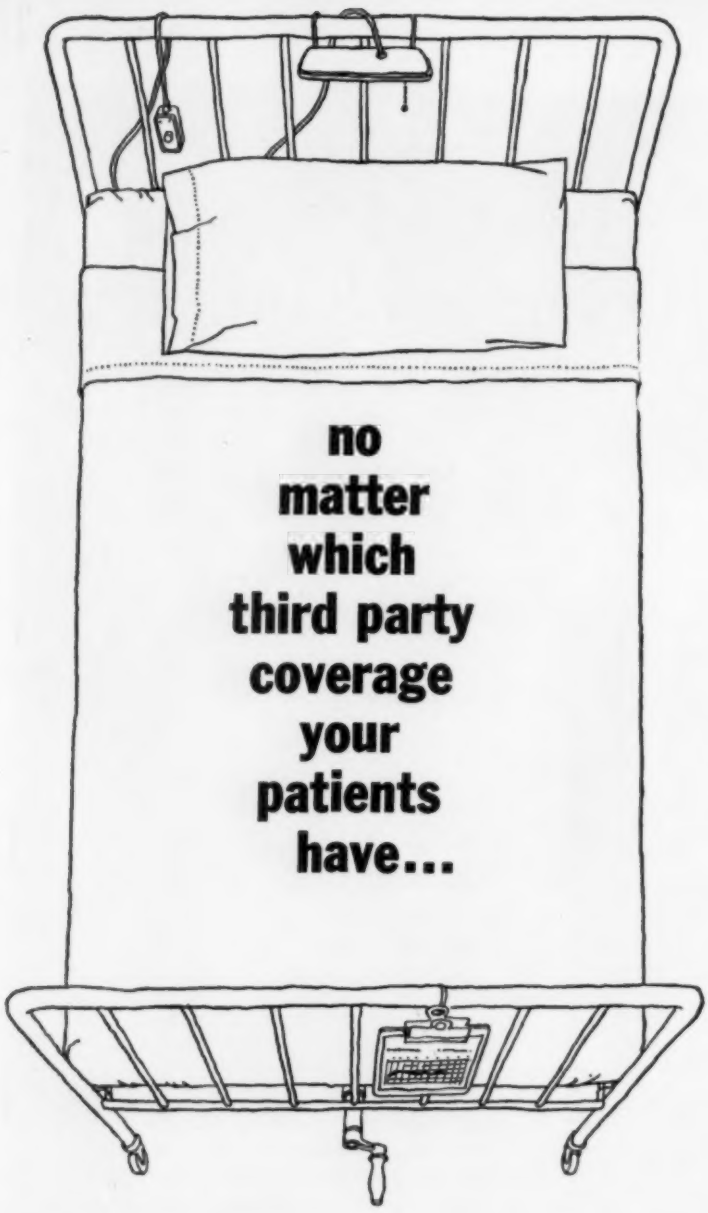
A Subsidiary of Puritan Compressed Gas Corp.

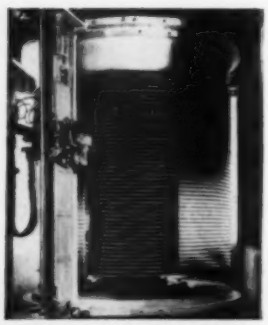
Products and Service for Better Patient Care



IBM RAMAC® 305 will prorate all charges instantly . . . recognize limits of coverage . . . and automatically print out separate totals for patient and guarantor.

Learn how IBM Balanced Data Processing gives you more than just the machines. A new pre-tested program slashes the time and cost of getting your system in full-scale operation. You also get the services of experienced customer engineers and other specialists to thoroughly train your personnel and to keep your system operating at peak efficiency.

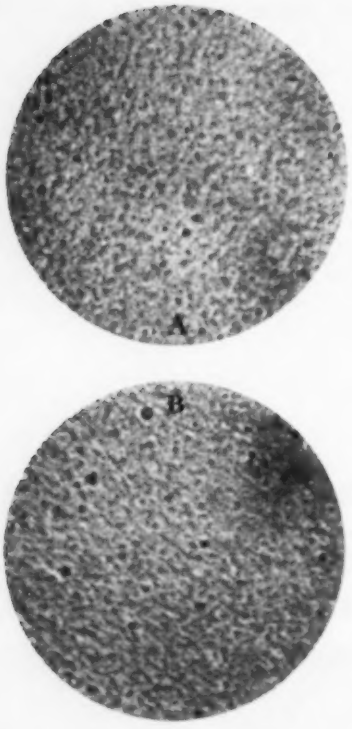
Your local IBM representative will be glad to show you a color action film—hospital accounting on the RAMAC. Call him today for complete details. Like other IBM Data Processing systems, the RAMAC can be purchased or leased.



Heart of the RAMAC is this disc file, providing instantaneous random access to 5,000,000 characters of information.

BALANCED DATA PROCESSING

IBM®



Which is chyle and which is Lipomul I.V.?†

As you know, after digestion, fat passes as an emulsion called chyle through the lacteals into the lymphatics tributary to the thoracic duct, and then into the systemic circulation. Lipomul I.V., like chyle, is a *fine milk-white emulsion of fat.* Its fat particles approximate those of chyle in size: about *1/7 the diameter of the normal red blood cell.* Because of this minute particle size, like chyle, Lipomul I.V. is *non-irritating to the vein.* The fat provides *8 times more protein-sparing calories* per cc. than does 5% glucose. It is *swiftly* and *completely metabolized.* **Therefore,** when formation of chyle, a major source of calories, is blocked during pre- and post-operative "digestive tract bypass", many surgeons add Lipomul I.V. to their standard fluid and electrolyte regimen to provide the most concentrated source of energy.

†**A**—Mammalian chyle (magnified 2500X)
B—Lipomul I.V. (magnified 2500X)

Formula:

Cottonseed Oil	15% w/v
Dextrose Anhydrous	4% w/v
Lecithin	1.2% w/v
Oxyethylene oxypropylene polymer	0.3% w/v

Supplied in 250 cc. and 500 cc. bottles

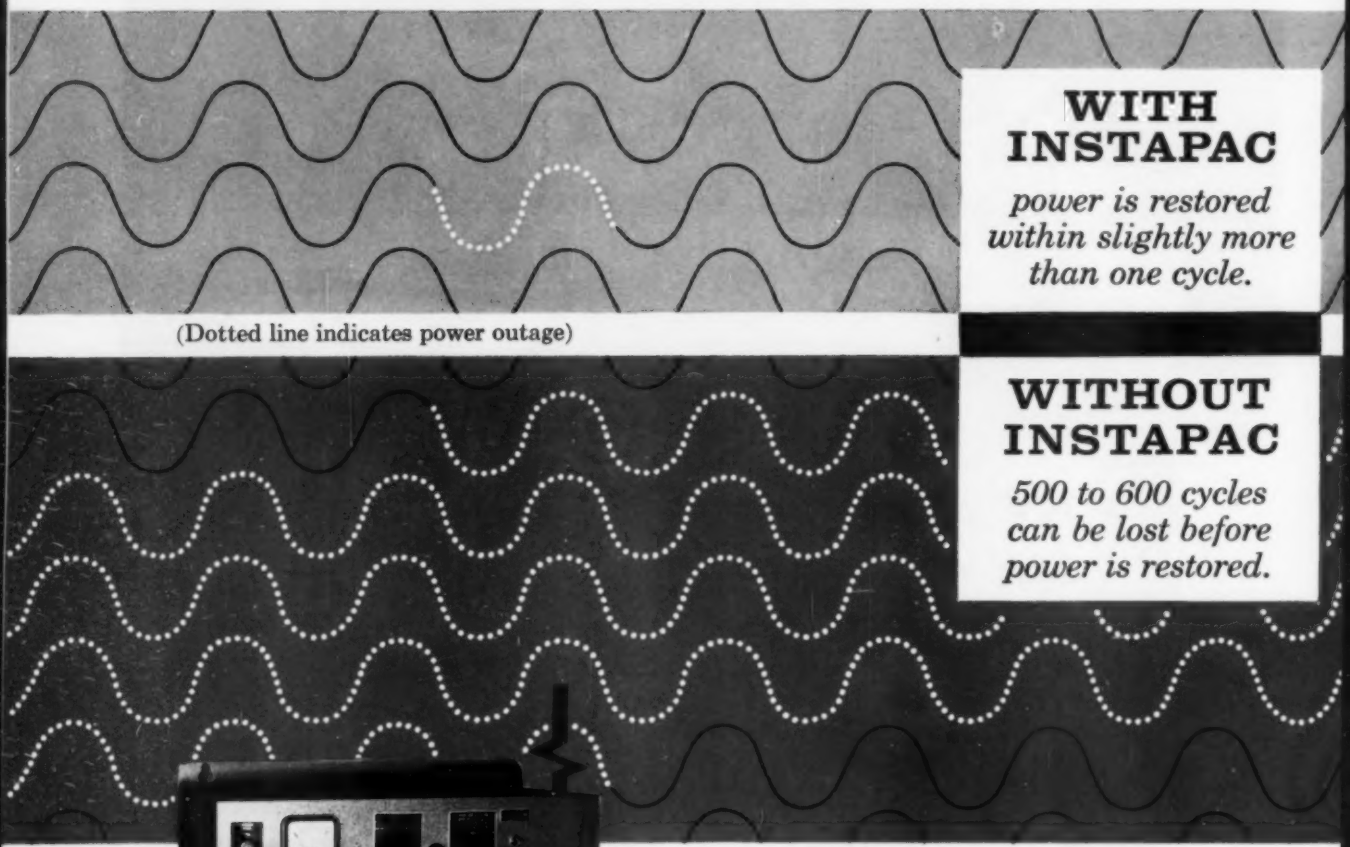
Lipomul I.V.
Trademark, Reg. U. S. Pat. Off.

Upjohn

The Upjohn Company, Kalamazoo, Michigan

Onan Instapac provides

your equipment won't know



WITH INSTAPAC

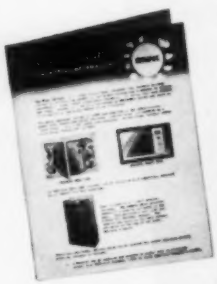
power is restored within slightly more than one cycle.

(Dotted line indicates power outage)

WITHOUT INSTAPAC

500 to 600 cycles can be lost before power is restored.

Write for free folder and specifications sheet



Complete data including diagrams showing three popular Instapac hook-ups: (1) Instapac combined with an Onan Standby Power Plant; (2) Instapac with no plant, using batteries for temporary standby power; (3) Instapac as a continuous power source for critical applications where not even the .020 seconds lapse in power can be permitted.

COMPACT SIZE. Wall Mounting: Cabinet (illustrated) 19″ wide, 30″ high, 8½″ deep. Rack Mounting: 19″ wide, 12¼″ high, 8½″ deep.

power so fast that
the main power is off

Within 20 milliseconds of a power outage, Instapac supplies emergency power . . . combined with an Onan Electric Plant you have complete standby protection

The seconds it takes to start an engine-driven standby power plant and switch it into the circuit may be too long where continuous operation is essential.

In microwave and television relay stations . . . in marine, railroad and aircraft communications . . . in telemetering . . . etc. . . . a power lapse of only seconds can jumble signals, cause wrong instructions to be sent, cause loss of valuable time, even loss of irreplaceable messages.

If you have any of these situations you need immediate power—you need Instapac.

Instapac is a transistorized inverter which converts battery current to alternating current of the proper frequency and voltage. It is rated at 1 KVA (a booster is available to raise this to 1.35 KVA) . . . 120 volts, 60 cycle; 50 cycle units also available. Instapac may be wall mounted, as illustrated, or rack mounted, to meet your requirements.

Instapac is reliable. There are no moving parts in the inverter itself such as you'll find in a motor-coupled, engine-driven standby plant where there's always the risk the engine won't start fast enough.

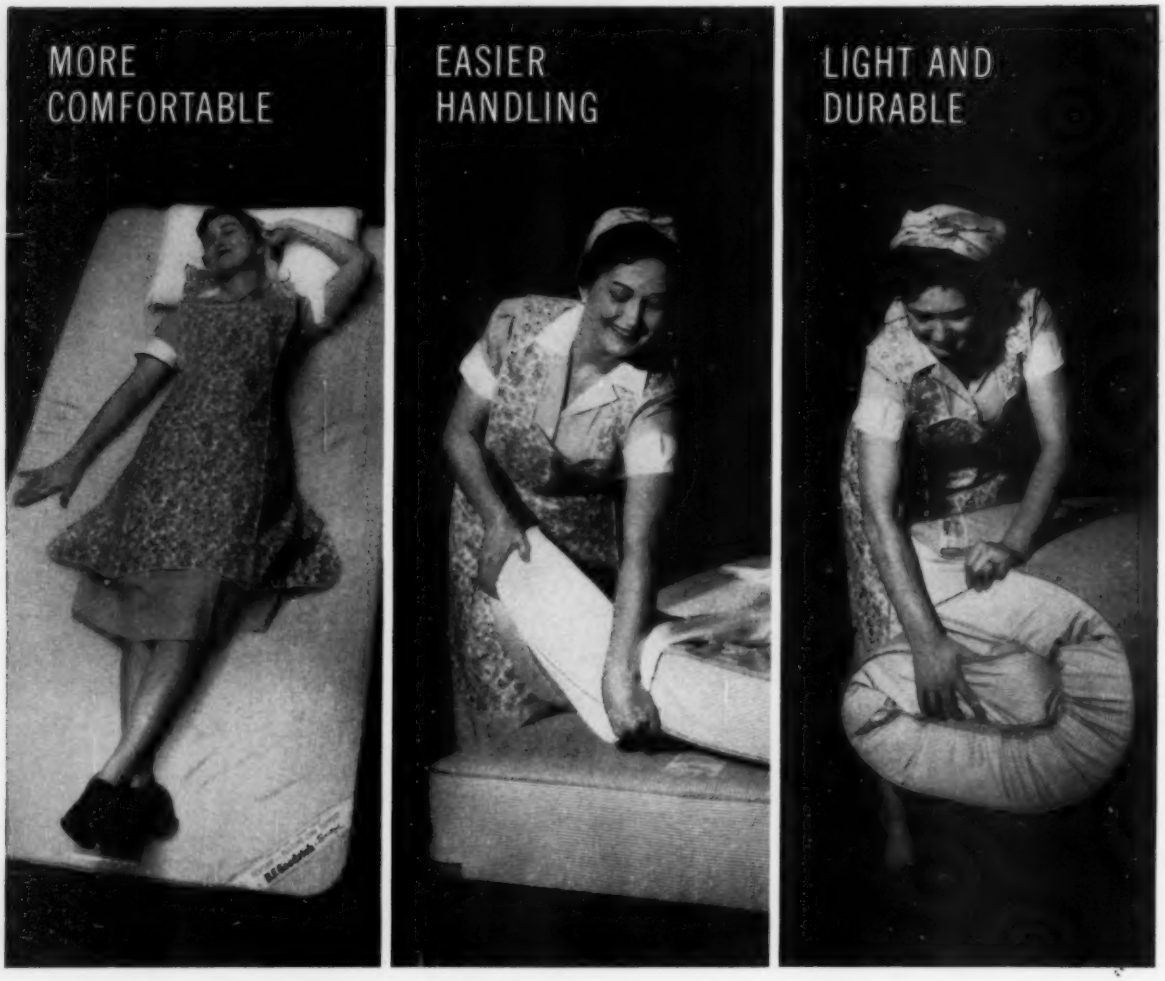
Instapac is manufactured by Onan, the world's leading builder of electric power plants—the only electric plants that are Performance Certified to do the job you want done . . . most dependably . . . and at lowest cost.

ONLY ONAN GIVES YOU THIS CERTIFICATION

Onan®

World's Leading Builder of Electric Power Plants

D. W. ONAN & SONS INC., 2698 UNIVERSITY AVE. S.E., MINNEAPOLIS 14, MINN.



3 WAYS BETTER . . .
yet costs no more than a regular mattress

PUT a B.F.Goodrich Texfoam mattress on one bed and the mattress you are now using on another. Then have someone test them out—lie on the mattresses, change sheets on them, move the beds they're on, switch mattresses from one bed to another.

They'll prefer the B.F.Goodrich Texfoam mattress every time. Here's why:

B.F.Goodrich Texfoam is more comfortable because it's scientifically designed to give even support to the body's unequally distributed weight—there's no sag in the center where most of the weight is carried. To make sure you get correct rest, B.F.Goodrich *absolutely guarantees* never to ship or sell a "too soft" (low compression) mattress.

This B.F.Goodrich mattress is also easier to handle because it's lighter—20 pounds lighter than an ordinary mattress. Beds are easier to change, easier to clean around and under, easier to move when rooms are changed. It's tough, durable, too—can be folded, rolled, carried easily without splitting or creasing. And it's processed with Sanitized® hygienic bacteriostatic chemicals to help protect against staphylococcal infection.

Most important, this more comfortable, lighter, more sanitary mattress costs no more than any ordinary mattress of good quality. Why not get a BFG Texfoam and make the mixed mattress test. You have a choice of comfort-compression as well as that recommended by the U. S. Department of Commerce Standard 182-51. For complete information write, *The B.F.Goodrich Company, 119 Derby Place, Shelton, Connecticut.*

THE ACCESS-C

The first walk-around, work-around pushbutton bed with the latest advances in design and electronic controls . . . new standard of convenience and comfort

There *is* no high footboard c
bed to give it that horse-and-
functional—makes all other l

The lightweight headboard
it, work around it on all fou
allow nurse or patient to adju
position in a jiffy. From a co
13½ full inches to be in th
nurses. Time: 20 seconds. Ju
to 60° position; knee section

It's the longest bed on th

From left: lounge chair, straight chair, three-drawer chest and con

O-MATIC BED

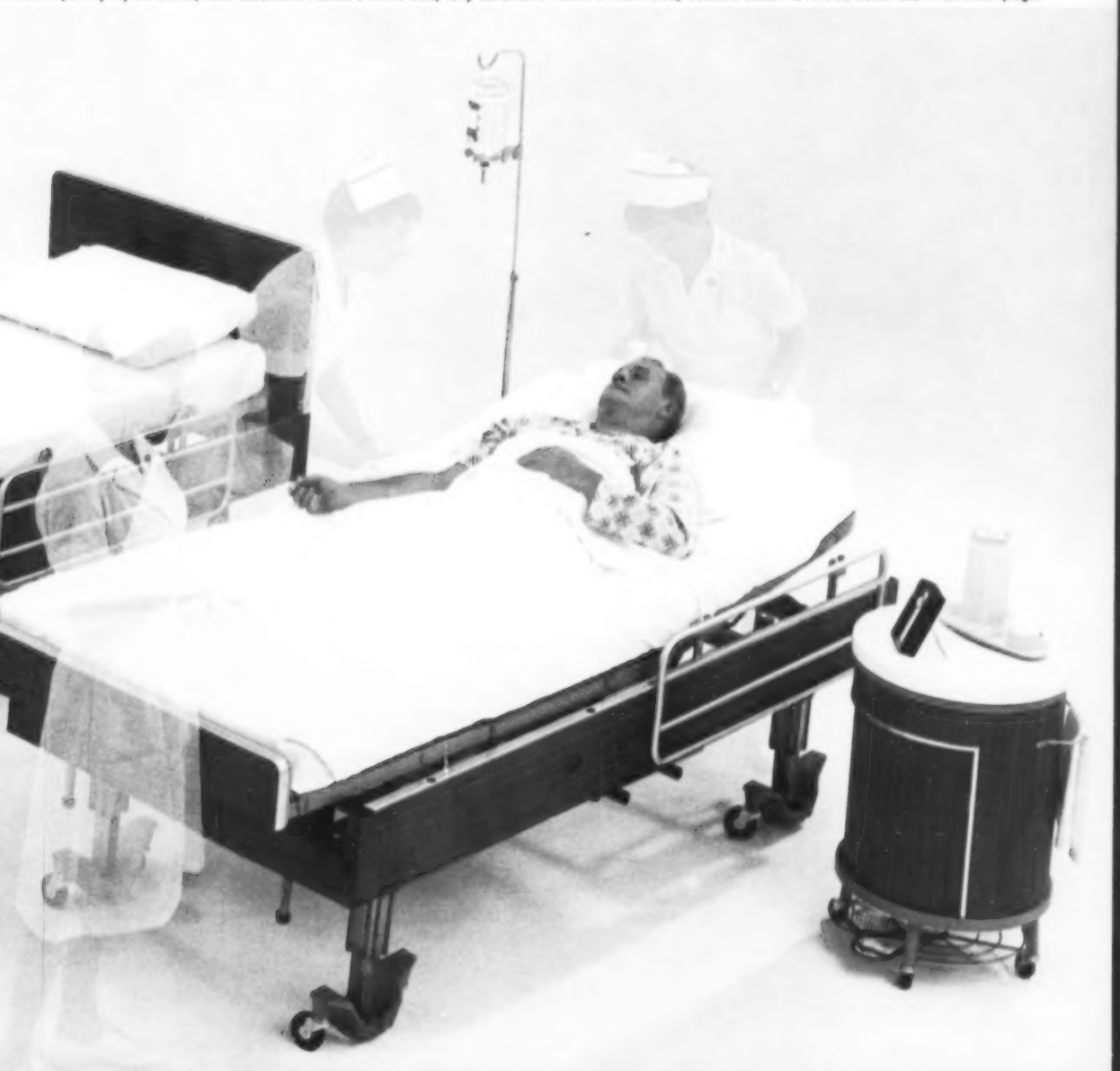
ard on this exciting new kind of hospital -and-buggy-age look. It's as smart as it is her hospital beds obsolete!

oard lifts right off to let you walk around four sides. Modern pushbutton controls adjust the Access-o-matic to any desired a convenient chair height, it gently raises in the most efficient working range for . Just 13 seconds raises the head section tion raises to 55° in a mere 12 seconds. n the market today. Yet by raising the knee section, it fits into the smallest standard hospital elevator. And it's brimming over with convenience features for nurse and patient alike!

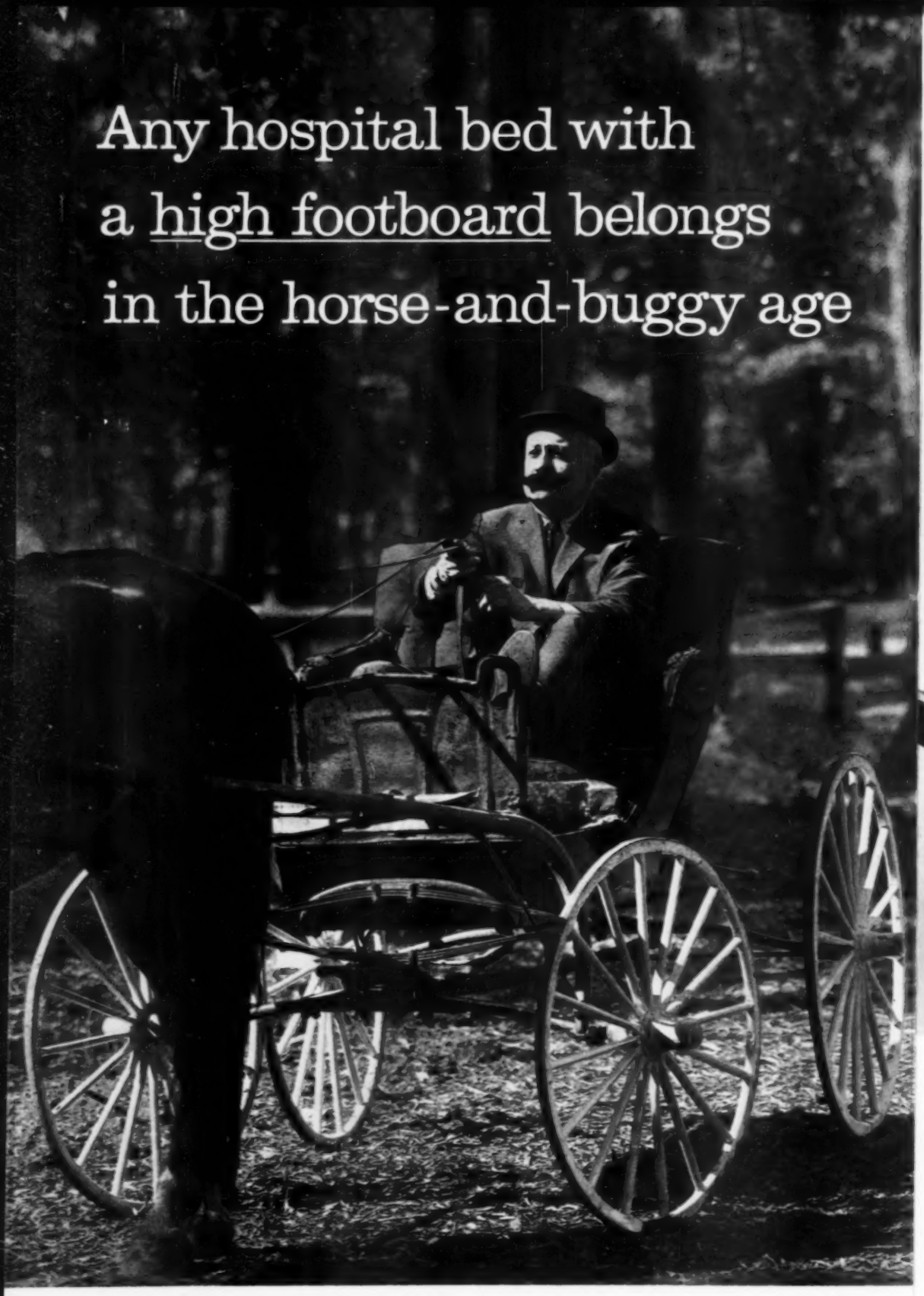
There's an exclusive Overbed Butler that rises *with* the bed. There are fittings for guard rails and intravenous standards. And three separate motors make all adjustments, eliminate complicated clutching devices and mechanical controls.

You've got to see the Access-o-matic to believe it. It's part of a complete line of all-new hospital patient-room furniture from American Seating, a world leader in the manufacture of furniture for health and comfort.

d contemporary-styled bench, semi-automatic Access-o-matic bed, fully automatic Access-o-matic bed, Bedside Susan. Overbed Butler shown on back page.



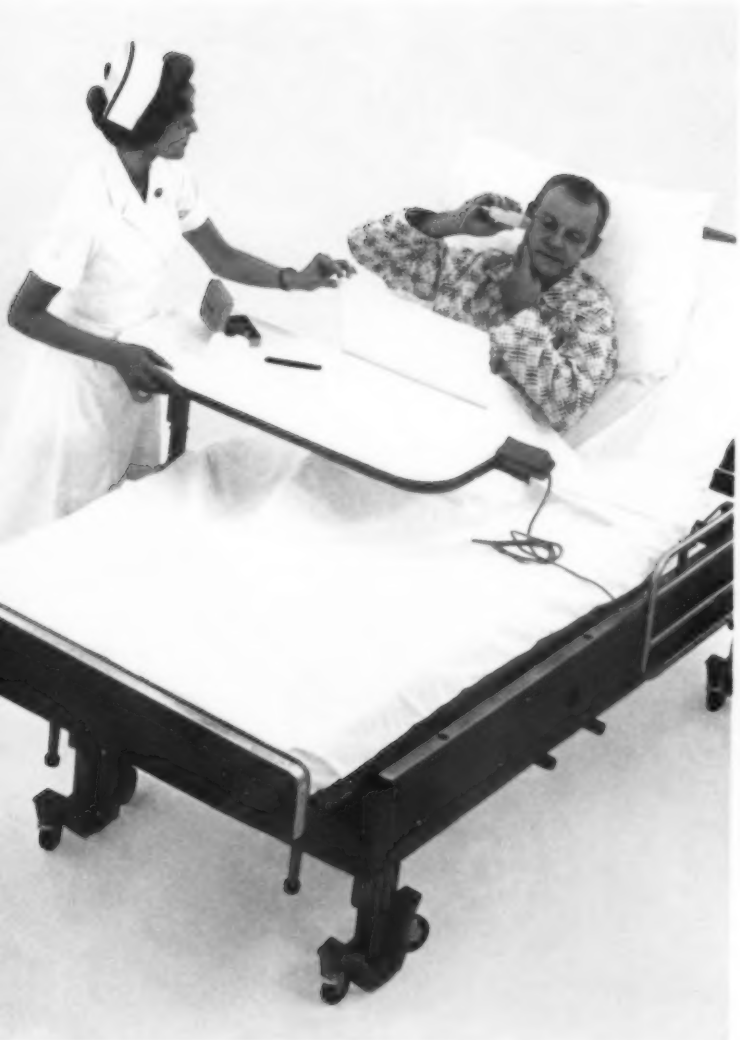
Any hospital bed with a high footboard belongs in the horse-and-buggy age



LIFT THE PAGE

OVERBED BUTLER

moves up and down with bed...anticipates patient's needs



Overbed Butler—the logical way to serve patient's needs better—rises with the bed, travels from head to foot, adjusts up and down. Top may be positioned in any direction. And it's hinged, can't pinch patient. Caddy on side holds pushbutton control within finger's reach for Access-o-matic bed; drawer conceals vanity-bookrest which has built-in mirror.

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AMERICAN SEATING

GRAND RAPIDS 2, MICHIGAN

WORLD'S LARGEST MAKER OF FINE INSTITUTIONAL FURNITURE

Overbed Butler simply lifts up and off the bed. Can be attached to lounge chair for use by patients. Or, as a place for nurse to put clean linen when changing patient's bed.

Vanity-bookrest may be set in position to suit convenience of patient. Ideal for makeup, shaving . . . doubles as a book or magazine rest.

Sanitary top with side skirts has no cracks or crevices to harbor spilled food. Will not mark or stain. Easy to clean. The vanity-bookrest slides out of sight.

6569-3 LITHO IN U.S.A.

For Hospitals, Institutions, Public Places...

New! Colgate SPOT DISINFECTANT SPRAY

with

permachem

KILLS ON CONTACT MOST BACTERIA and FUNGI

That Can Cause Infection, Odors, Mold and Decay with

Long-Lasting Antiseptic Effectiveness!

Now you can supplement your hospital's aseptic program with this new spot disinfectant spray. It can be used to disinfect hard-to-get-at objects and surfaces not readily disinfected by ordinary methods.

Because it kills most bacteria and fungi that cause them, it stops odors *where* they start *before* they start . . . kills or inhibits mold growth . . . prevents mildew.

To help prevent the spread of disease-causing germs, keep COLGATE SPOT DISINFECTANT SPRAY handy for on-the-spot emergency disinfection.

Hospital Tested! Safe On Surfaces! Non-Staining!

HOSPITAL USES INCLUDE:

Soiled Linen & Hampers • Spillage on Floors
Bed Pans & Urinals • Storage Containers & Closets
Patients' Clothing • Upholstery, Draperies
Drawers & Shelves • Toilets • Shoes & Slippers, etc.

Contains

permachem

3 POWERFUL INGREDIENTS

Tributyl Tin Oxide
Dialkyl Dimethyl Ammonium Chloride
Salicylic Acid

KILLS ON CONTACT

Staphylococcus Aureus
(A Gram-Positive-Type Bacteria)
Salmonella Choleraesuis
(A Gram-Negative-Type Bacteria)
Trichophyton Interdigitale (Fungus)

Kills most bacteria that cause offensive sickroom odors.

Inhibits growth of bacteria, molds and fungi on bedding, upholstery.

Kills most bacteria in waste receptacles. Reduces odors.

Available in 1-lb. Spray Containers only. Packed 12 to the case.

Write for prices today!

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COLGATE-PALMOLIVE COMPANY

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COLGATE PALMOLIVE CO. CP QUALITY PRODUCTS SINCE 1806 A SYMBOL OF QUALITY FOR OVER 150 YEARS

10 **Sweet potato balls** rolled in crumbs.

11 **Coat fried scallops** and other seafoods.

12 **Vary French toast recipes**—griddle cakes, waffles, too.

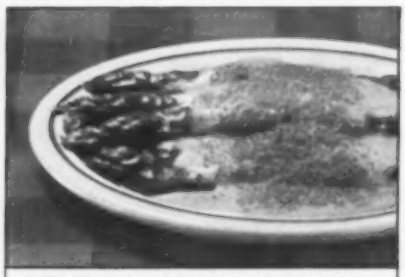
13 **Perk up stuffing** for turkeys, capons, ducks.

14 **Top baked macaroni** and spaghetti specialties.

15 **Top chocolate pudding** and other pudding desserts.

16 **Top coffeecakes** with crunchy crumb topping.

17 **Make chiffon piecrusts** light and surprising.



18 **Top creamed asparagus** and other vegetables.

19 **Cherry wink cookies.** Roll in crumbs before baking.

20 **Top refrigerated desserts**—custards, frozen crunches.

21 **Make better cheesecake** with crumb crusts, toppings.

Here you see a few uses for the most universal crumb of them all—new Kellogg's Corn Flake Crumbs. A creative chef can improve many a recipe by using these crisp, golden granules that go anywhere, do anything in the kitchen.

Flavor? It holds the world's record (Kellogg's Corn Flakes are the world's favorite by actual count).

Use them to create new patron-pleasing dishes. Perk up old favorites with new taste appeal. Kellogg's Corn Flake Crumbs are packed in 5-lb. bags, 6 to the case. Order today. For more information write . . .

KELLOGG'S OF BATTLE CREEK

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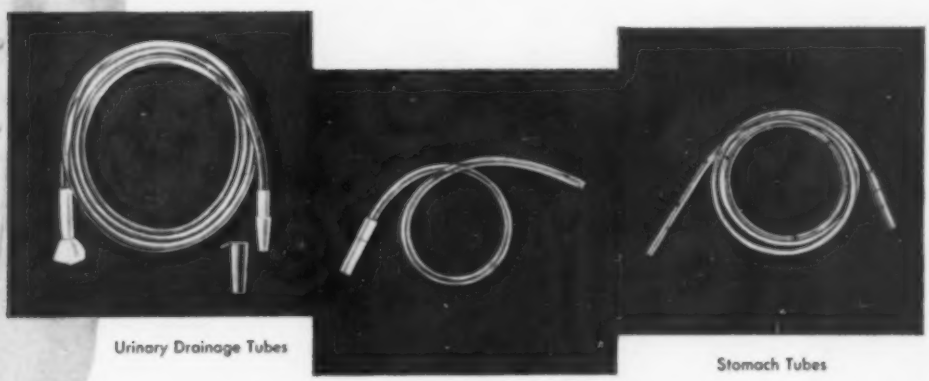

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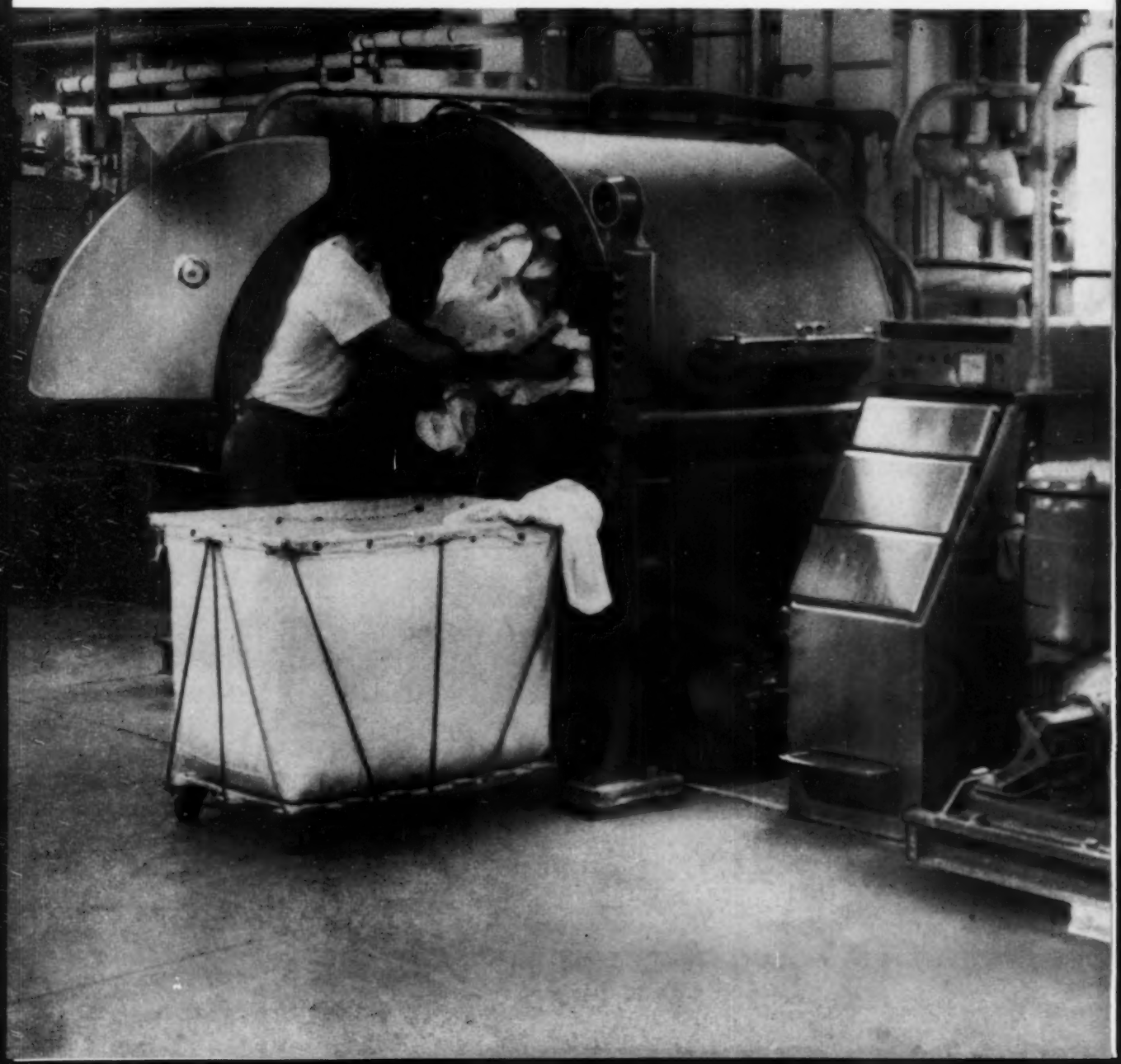

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Officials of this North Providence, Rhode Island, hospital heartily agreed, especially when American engineers proved that the two 300-lb. capacity Cascadex Washer-Extractors would save enough floor space to eliminate building an addition to the laundry. This important savings will go a long way toward paying for the equipment.

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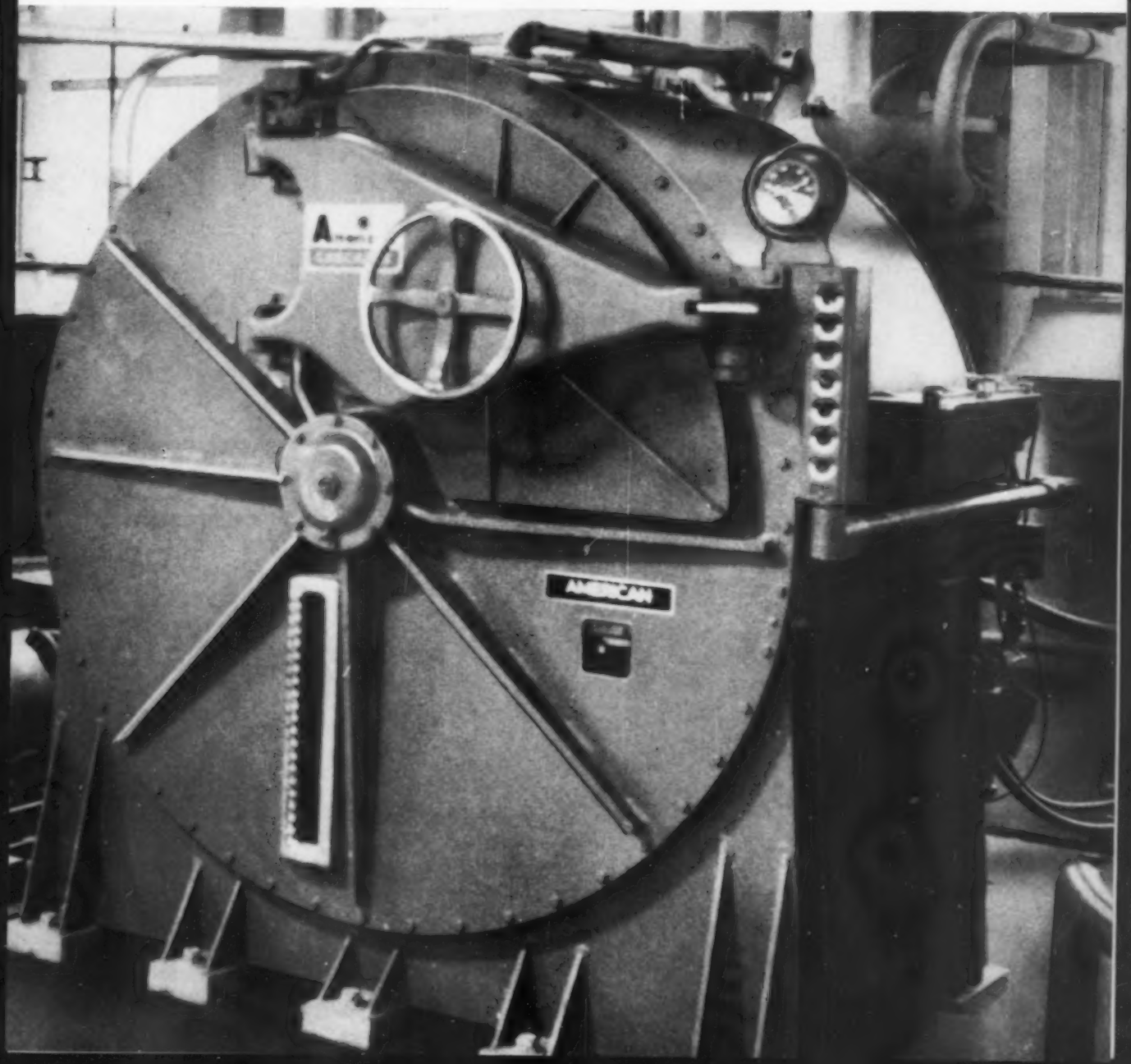

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Administrator

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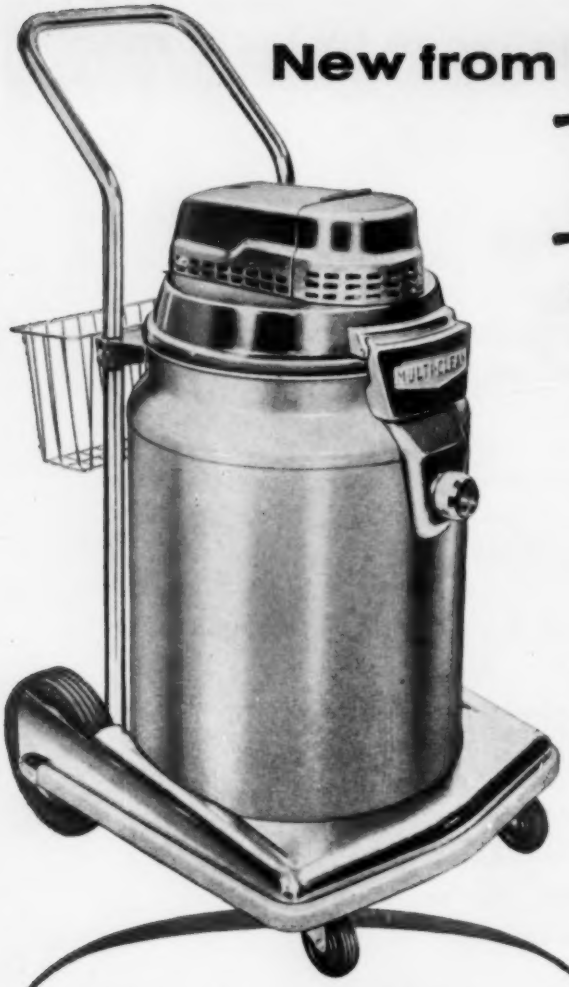

It's Powerful! To create the powerful suction needed for *complete pickup*, the heavy-duty turbines of the new Multi-Clean IMPERIAL pull in air at rates up to 216 miles per hour.

By moving *more cubic feet per minute* . . . and *at greater* speeds, more suction is naturally obtained.

It's Rugged! Despite their handsome, elegant styling, the Multi-Clean IMPERIALS have the heavy duty construction needed to make them real work horses. Motors, too, last longer.

This is because power for the IMPERIAL "10" and "15" Series Vacs comes from special heavy-duty motor units designed and built by Multi-Clean exclusively for this purpose. They turn at 12,000 rpm with no load and 9,550 rpm with full load. This is *much slower* than the speed at which most other vacuum motors must operate in order to create the same suction. This slower speed means less wear, longer life.

It's Easier to Operate! The IMPERIAL is designed with the user's convenience in mind.

The tank, for example, has a non-clogging gravity drain. It can be emptied of liquids without disturbing the head. Large gray wheels make it easier to move up and down stairs or from building to building. In addition to the wheels, it also has two ball bearing gray swivel casters. This makes it virtually tip-proof by providing support at 4 points instead of the usual 3 . . . an important factor when we realize a 17-gallon Vacuum Cleaner weighs about 300 lbs. when full!

More Features! Patented, washable filter is pleated to provide 1400 sq. in. of filter area. It's made from a special quick-drying synthetic fibre that won't rot or mildew. Can be washed, rinsed, and drip-dried in minutes . . . 30-foot, 3-conductor cable has same twist lock connector as most Multi-Clean Floor Machines. If you wish, same cable can be used for both . . . Stabilized motor brushes (an exclusive, patented Multi-Clean feature) outlast standard brushes 2 to 1.

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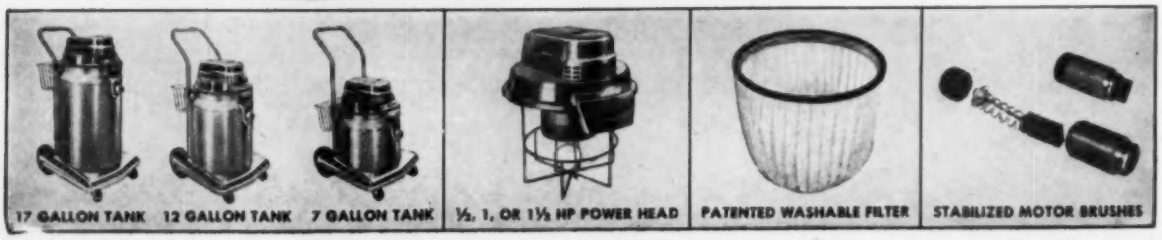

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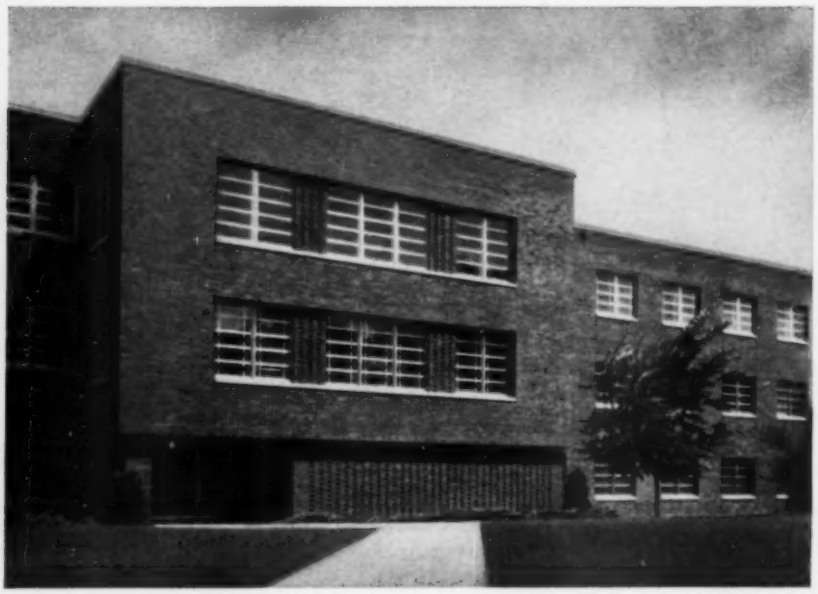
How *Imaginative Engineering* Uses Pneumatic Temperature Control To Guarantee Year 'Round Patient Comfort

Scott & Kinney, Kansas City consulting engineers, took a new look at an old problem and designed a *different* heating and air conditioning system for the University of Kansas Psychiatry Building. Their unusual method features two separate fan systems and a unique automatic damper application that eliminates the noise and distribution problems usually encountered with ordinary single-fan systems.

Providing uniform year 'round temperature together with foolproof individual room control has always been a problem in designing buildings of this nature. But Scott & Kinney provided the solution in their selection and imaginative arrangement of a Powers Pneumatic Control System.



Building "G", University of Kansas Medical Center

ARCHITECTS:
Kansas State Architectural Dept., Topeka, Kansas

CONSULTING ENGINEERS:
Scott & Kinney, Kansas City, Missouri

MECHANICAL CONTRACTOR:
A. D. Jacobson Plumbing & Heating, Inc., Kansas City, Missouri

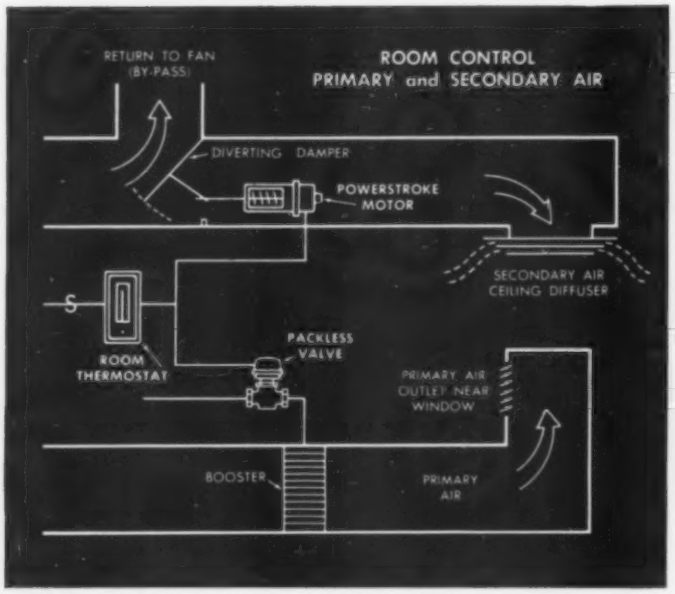
Final check on the U. of K. Psychiatry Building's pneumatic control system by the consulting engineers, Wilson O. Kinney (left) and Arthur R. Scott.

Heating, ventilating and air conditioning are accomplished through primary and secondary air systems. The primary system operates throughout the year, supplying a small amount of circulated air, including outside air. Final control in the primary system is a reheat coil — one for each patient room — using hot water with a Powers modulating packless valve.

Heart of the secondary — or booster — system is the automatic, quick-acting diverting damper. It permits both fresh and refrigerated air to pass into the individual rooms through a ceiling diffuser. When cooled air is not needed, it is diverted automatically by the damper into the ceiling plenum for return to the secondary fan.

To simplify individual room control of temperature, Scott & Kinney coordinated the actions of the reheat coil and the auto damper into a single control. One thermostat in each room controls both for maximum comfort.

This imaginative handling of standard Powers temperature control equipment is another example of problem-solving by the consulting engineer and the specialized help of Powers field engineers. The University of Kansas has reaped the benefits for the last four years — in comfort, operating economy and low cost maintenance.



For more ideas and technical data on Powers pneumatic temperature control equipment and systems, write for the latest Powers Catalog.

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D — SERV-ALL — Bulk food conveyor. Models for 60 or 85 meals.

E — CHEF-CART — Bulk conveyor. Models for 35 or 55 meals.

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G — REMOVABLE BEVERAGE BAR FOR SUPER-MEALCART — Use separately on utility cart for between-meal servings or in doctors' lounge.

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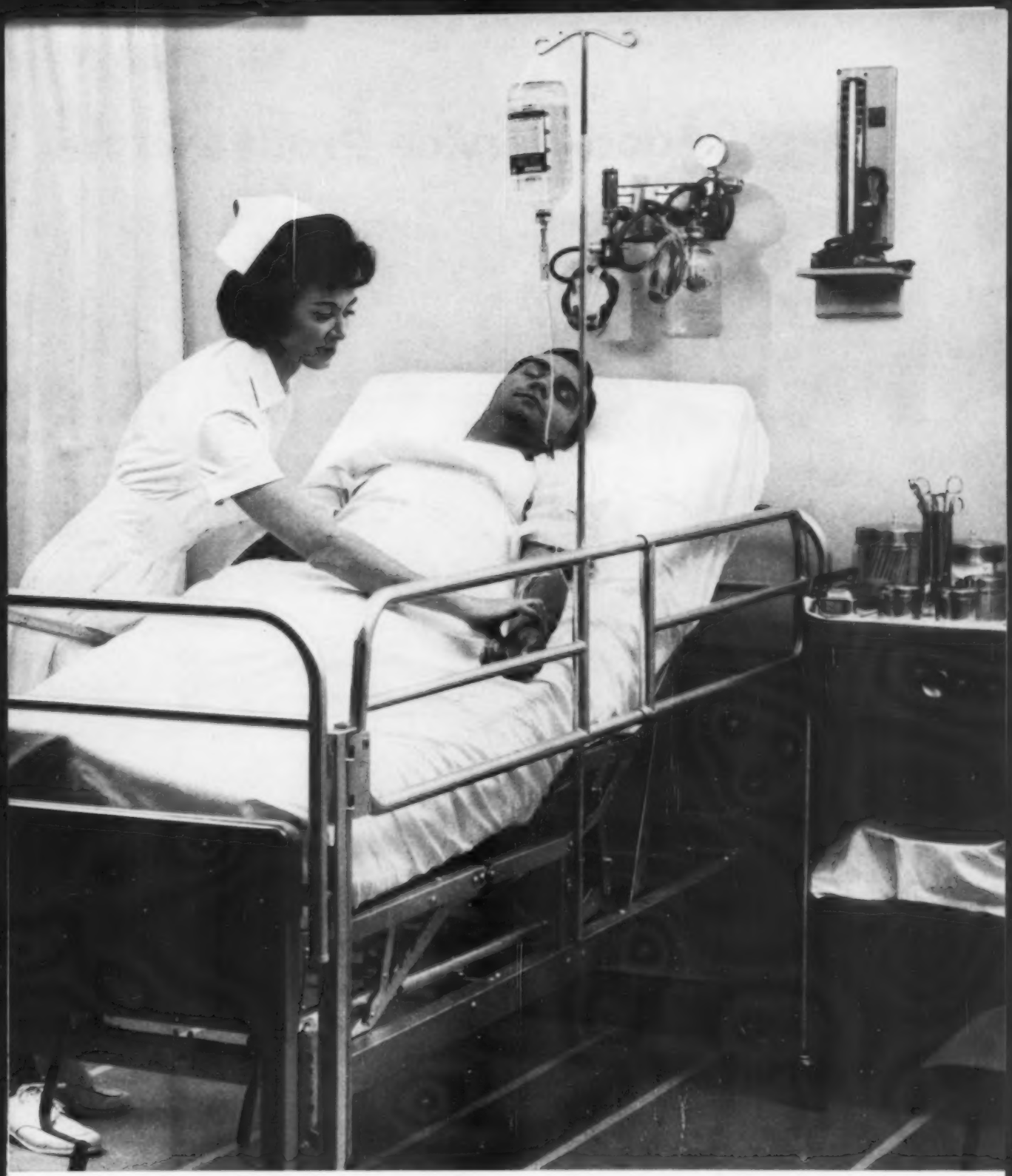

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in your food service operations. The Hobart complete line (only partly shown) gives you the machines of your choice for the most economical utilization of

NEW Large-Capacity Meat Saws—New large-size 16-in. and 14-in. models team with 12-in. unit to give full selection... save time...provide portion control.

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NEW Dishwashers—*Super-compact*, flight-type continuous racking model that power scraps, power washes, power rinses and final rinses, all automatically, in just 13 ft. Also, new Rack-O-Matic with "sanitizing circle" operation in as little as 6 x 12 ft. More than 50 standard models—from under-counter to 26-ft. units—meet any food service need. Also, companion dish scrappers for automatic dishwashers.

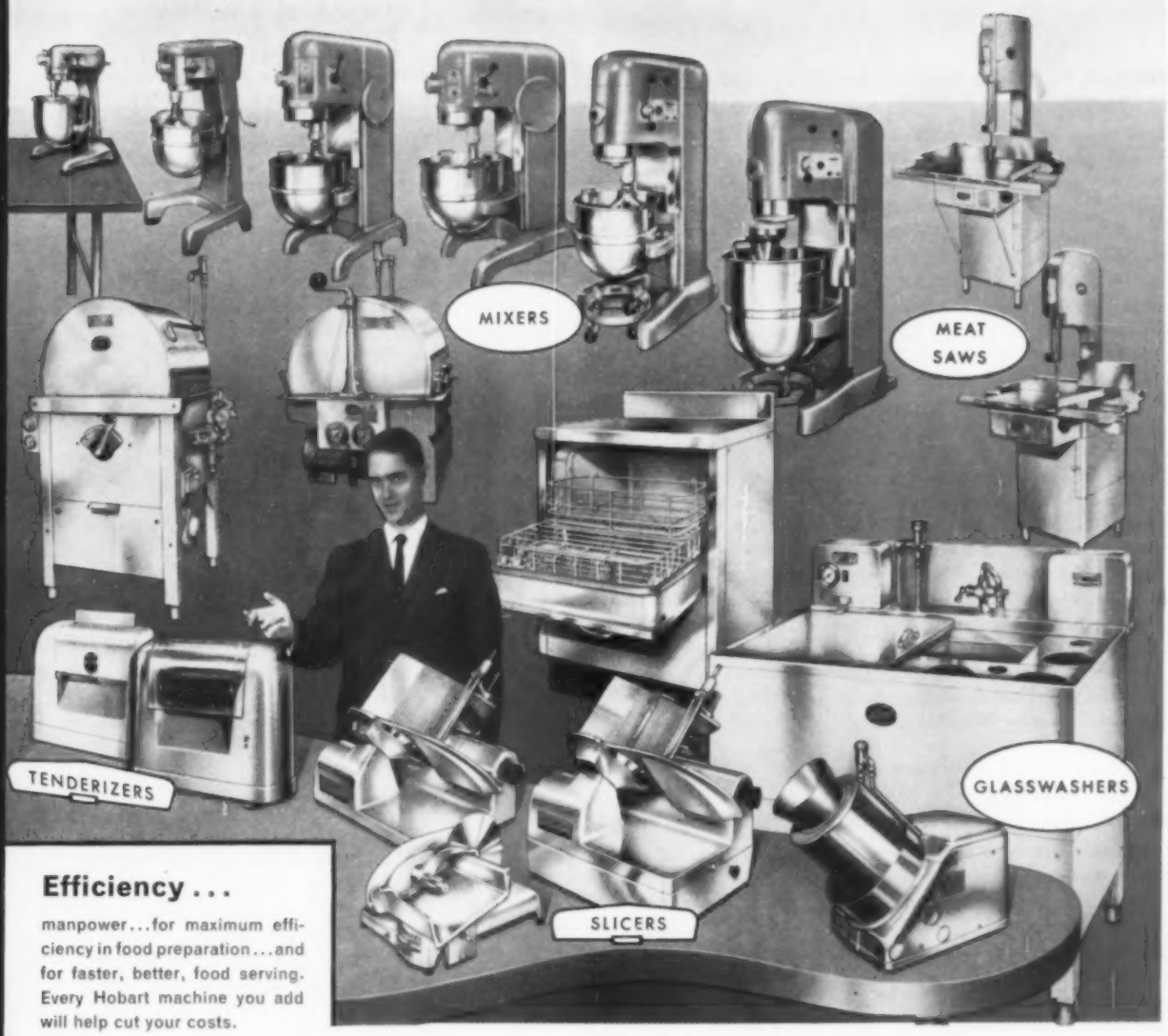
NEW Glasswashers—With cold water and detergent-sanitizer, SaniQuik® produces a sparkling, ready-to-use glass for assured user satisfaction. Permits minimum glassware inventory. Conventional models available.

Mixers—Hobart exclusive positive drive, positive speeds and positive planetary mixing action insure positive and consistent results on every batch. Motor specially designed and built by Hobart for each model. Convenient controls; clean-lined design; stainless metal finish optional. Automatic timer available on many models. 5- to 140-qt. capacity.

Food Cutters, "the heart of every kitchen," quickly cut and blend meats, vegetables and fruits for unlimited varieties of specialty dishes, salads, fruit plates.

Meat Choppers—Models with capacities from 4 lbs. up to over 150 lbs. per minute. No crushing, mashing or heating of the meat—natural color, flavor and juices are retained.

...with HOBART Machines



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manpower...for maximum efficiency in food preparation...and for faster, better, food serving. Every Hobart machine you add will help cut your costs.

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Hobart provides *one standard of quality*—recognized as the finest by users everywhere—with lowest maintenance, lowest ultimate cost assured. Hobart has the industry's most experienced and talented engineers, product specialists and research facilities constantly developing newer and finer products for better food service. Ask your local Hobart Representative to show you the latest developments in cost-cutting, service-improving equipment. The Hobart Manufacturing Company, Dept. 306, Troy, Ohio.

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SMALL HOSPITAL QUESTIONS

ANY QUESTIONS?

The Modern Hospital will be glad to try to answer them.

If you have a problem or if you're just curious about a procedure or a statistic, please feel free to write this department, care of The Modern Hospital, 919 North Michigan Ave., Chicago 11.

Difficult To Move Up to a Large Hospital?

Question: What are the disadvantages of an administrator in a 30 to 60 bed hospital applying for the job of administrator of a 200 to 300 bed hospital? It seems to me that it is very difficult for an administrator of a smaller hospital to be considered for the position of administrator of a larger hospital, and I wonder why this is so. — J.A.E., Vt.

ANSWER: Although many administrators have made a successful direct transition from a small hospital to a larger one, the number of such changes does seem to be decreasing. This decline may in part be attributed to the fact that most graduates of approved courses in hospital administration serve their administrative residencies in larger hospitals and generally move on from this training to administrative assignments in larger hospitals.

Commenting on this question, Whitelaw H. Hunt, director of the 412 bed University Hospital, Augusta, Ga., noted that the problem seems to be largely in the minds of trustees of larger hospitals. Mr. Hunt, who has served as the administrator of both large and small hospitals, analyzed the situation as follows:

"Frankly I did not realize the difficulty existed, for many of my friends have made the transition. In retrospect, however, they, as I do, may belong to an earlier generation.

"If there is any difficulty, I would think it would be in the minds of the trustees of the larger hospitals who may not recognize the smaller hospital as a steppingstone for an able young administrator. They may feel that the problems are not the same in these hospitals. This unquestionably is true, as it is true they are not the same in two 250 bed hospitals. However, there are many comparable problems which differ only in the number of people involved. The ability to deal with people (which may be developed in a small institution) will more than compensate for the increased number.

"The financial problems in the small hospital are just as real as those in the large institution. The ability to solve them with the limited resources available would indicate the probable ability to solve larger problems with greater resources.

"Even in the smallest hospital problems arise with the medical staff and the administrator usually does not have the support of a strong organized staff to help solve them.

"An administrator who enjoys good personnel relations in a small hospital usually will have no problems with personnel in a larger institution.

"The biggest problem one wishing to make the transition will have, in my opinion, is to convince the trustees to give him the opportunity. If he can sell them more than half of the battle is won."

Bed Allocation Varies by Hospital Size

Question: Does the size of a voluntary hospital affect the number of beds that is allotted to medical and surgical patients as opposed to the percentage of beds allotted to obstetrical patients? — C.M., Mont.

ANSWER: A recent study* indicates that approximately the same percentage of beds is allocated to general medical and surgical patients regardless of hospital size. The percentage of beds allocated to obstetrical care, however, is much higher for the smaller hospitals surveyed than for the larger ones, as the table below indicates.

PERCENTAGE OF BEDS ALLOCATED TO SPECIFIC SERVICES

SERVICE	VOLUNTARY GENERAL HOSPITALS			Nonfederal Tax Supported Gen'l Hosp.
	250 Beds and Over	100 to 249 Beds	Less Than 100 Beds	
Gen'l med.-surg.	69.6%	69.9%	68.5%	48.4%
Obstetrical	12.4	14.6	18.9	9.2
Pediatric	9.5	10.8	9.8	9.3
Orthopedic	3.4	1.3	—	4.0
Psychiatric	2.5	1.1	—	6.4
Tuberculosis	0.4	—	—	8.0
Chronic	—	—	1.2	8.3
Convalescent	0.2	0.2	1.6	1.3
Others	2.0	2.1	—	5.1
TOTAL	100.0%	100.0%	100.0%	100.0%

*Undertaken by the Hospital Purchase Audit Service of Armbruster, Moore & MacKerrell, Inc.

Food Supervisors' Course

Question: I have read Jane Hartman's article in your August issue and wonder if you could supply me with more facts about the correspondence course offered by the Pennsylvania State University Extension Service, mentioned by Miss Hartman. I would like to know where to write for specific information. — C.J.L., Tex.

ANSWER: Further information about this course can be obtained from Esther A. Atkinson in the department of hotel and restaurant administration, Pennsylvania State University, University Park, Pa. This particular course includes lessons in dietary administration as well as work in therapeutics.

The American Dietetic Association also is sponsoring a pilot project for food service supervisors. Information concerning this project can be obtained from Sallie Mooring at the American Dietetic Association office, 620 North Michigan Ave., Chicago.

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- The contour of the inside cover insures the proper flexing action and long life of the diaphragm
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- Working in cooperation with the outside cover, it makes a stronger union of body and cover

To be sure, it costs more to produce the Royal with an inside cover of cast red brass. But this standard feature contributes to the performance, protection and strength of the Royal. It's another bonus of quality you expect from Sloan. And since you can have Sloan quality at no extra cost, why not make sure you get it.

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wire from Washington

STUDY OF BLOOD BANKING RELEASED

With the American Association of Blood Banks and the National Red Cross tooling up their new machinery for reciprocal interchange of blood and blood credits on a nationwide basis, another major development occurred in blood banking – publication by the Joint Blood Council of the first comprehensive study of blood banking and its problems.

Because of difficulties in building up a mailing list, developing the proper questionnaire, and working out survey technics, the study was spread over more than three years.

Chapters are devoted to such subjects as drawing and transfusions of whole blood; operation of facilities; donor recruitment; blood derivatives; records, reactions and standard practices; and reciprocity, settlement and economics.

While the volume of charts and graphs and the complicated and technical language make the report difficult going for the non-economist, into it is packed much valuable information on just how blood handling is conducted and by whom. Among other things, it makes clear that research in blood banking is moving ahead at sometimes amazing speed, but that administrative problems so far have prevented any effective nationwide cooperation and that standardization still is a long way off.

POLITICS SLOWS DRUG LEGISLATION

The national political campaign has slowed the march of new federal legislation to further control the drug industry.

The staff of the Senate committee that will handle this subject has laid it on the shelf until November 8 balloting determines which party will control the White House. The Republican platform calls for relatively mild changes, and a beefing up of the Food and Drug Administration. The Democrats would move much faster and much farther.

Once the parties set their legislative priorities, the Senate committee staff will return to its task of investigating all proposals. Nor is there any activity on this on the House side. The expectation is that the House will wait to see what sort of drug bill comes out of the Senate, if any.

Meanwhile, a scientific committee has blown away some of the smoke that has hung over Food and Drug Administration since the Kefauver hearings in the spring. At that time it was brought out that while he headed F.D.A.'s division of antibiotics, Dr. Henry Welch profited heavily from medical journals in the antibiotics field.

The implication was that Dr. Welch, responsible for clearing all new certifiable antibiotics, might have allowed his personal financial interests to interfere with his scientific judgment. Dr. Welch has since been forced out of office.

While the investigating scientists weren't enthusiastic about how business was conducted under Dr. Welch, they cleared him as a scientist. Their report declares:

"Taking into account the limitations of F.D.A.'s authority, funds and scientific personnel, the committee found the decisions it reviewed acceptable, despite certain deficiencies in the quality and quantity of the data upon which they were based. It found no evidence of disregard for the public health, and noted that appropriate action had been taken when hazards were established by subsequent clinical experience."

Still continuing is an investigation of "specific charges against specific individuals," which were raised at the hearings and elsewhere.

CARE FOR AGED PLAN STARTS SLOWLY

Last session's "great experiment" on medical care for the aged pleased almost no one at the time it was passed. Although it has been in effect for a month, it is hardly off the ground, and all evidence on hand indicates that it won't ever do much soaring.

A companion part of the bill, however, an increase in federal contributions to public assistance, is moving along nicely, and there is every reason it should. This provision makes around $140 million available annually to states that provide medical care for elderly persons receiving public assistance, which includes all but a handful of states.

To get its share of this extra money, a state need only apply for it. It can use the U.S. dollars to improve its medical care operations, or it can replace state money with the federal money. There's nothing in the law to halt this switch. H.E.W. Secretary Arthur S. Flemming says he expects this won't happen very often, but already several states have decided to tidy up their budgets through this maneuver.

While the states are lining up for these free dollars, they are showing conspicuous lack of interest in the other "experimental" program of medical care for the aged, the one that requires states to put up part of the funds themselves.

To attempt to get this new operation under way, Secre-

tary Flemming addressed an appeal to all governors. He reassured the states on their most sensitive areas – their fear of federal control and of getting involved in a U.S. program that costs them too much money. Mr. Flemming put his appeal this way:

"– The states will determine the persons who can qualify for benefits under the program. Each state has wide latitude in fixing the qualifications.

"– The states will decide what hospital, surgical and other medical benefits are to be made available to the aged who qualify. These benefits may be as liberal as the states want to make them."

Governors who don't want an expensive program appreciate, of course, that "liberal" can just as easily be read "conservative."

There is no limit to what this program – aimed at helping low-income older people who are not on relief – would cost the federal government. The U.S. offers states between 50 and 80 per cent of the costs, the exact percentage to depend on a state's relative per capita income. The poorer states get more, the wealthier states less.

About the same time he wrote the governors, Mr. Flemming released a breakdown of state reaction, showing that 35 states either aren't going to participate or have taken no action in that direction (see page 67.)

V.A.'S HIGH BLOOD PRESSURE PROJECT

Veterans Administration has made its first progress report on a study of drugs used to treat high blood pressure, a project involving 320 patients in nine hospitals.

Researchers under direction of Dr. Edward D. Freis report that for patients with mild high blood pressure reserpine combined with hydralazine was found "more effective" than reserpine alone. For those with moderately severe conditions, the combination was "considerably more effective."

Also, it was found that reserpine combined with three ganglion-blocking drugs produced significant reductions in pressure, with side effects varying with each drug used.

Various compounds, including chlorothiazide, currently are under study in the continuing high blood pressure project.

SABIN VACCINE GETS P.H.S. APPROVAL

The oral, live poliomyelitis vaccine is proving quite a headache for the U.S. Public Health Service, which has said the new product is safe and should be used. The problem is just how to use it.

Even though under pressure from some scientists and the World Health Organization to approve the Sabin vaccine, P.H.S. firmly withheld its blessing until June. Then, guardedly, Surgeon General Leroy Burney indicated it probably would be found safe and valuable.

In August P.H.S. took the big step. It said it was planning to release the Sabin vaccine for general use, probably next year, but that the other two competing vaccines would not be immediately approved. Also, P.H.S. agreed with its committee of experts that the best way to administer Sabin vaccine was through community campaigns, so a geographically integrated part of the population could be treated all at one time. This would remove the danger that the vaccine would build up its virulence as it passed from one unvaccinated person to another, thus threatening an epidemic.

Communitywide vaccination campaigns generally are conducted by city or county public health departments, with treatment administered in clinics, schools and sometimes hospitals. Generally, the private practice doctors and private pharmacists play a limited role in such activities.

This is one of the problems for which P.H.S. to date has found no answer. It still hopes some plan can be worked out that will allow rapid vaccination of an entire community, yet somehow keep the doctors and the pharmacists happy.

Another unsettled question is just what size the doses should be, how many should be administered, and at what intervals. Still another is the complicated manufacturing process that P.H.S. indicates it will insist on. Some manufacturers now are talking about dropping out of the picture until more realistic manufacturing technics can be approved.

One P.H.S. appointed committee spent two days studying these and other problems associated with the vaccine. The only important development to come out of these sessions was announcement by P.H.S. that "it is doubtful that an oral vaccine will become available during the polio season of 1961." This indicates another delay of at least a year.

NOTES:

Competitive examinations for physician appointments in the Public Health Service will be held on Jan. 21 and Feb. 1 and 2, 1961, at a number of locations in the U.S. Details are available from the U.S.P.H.S. surgeon general's office.

Hospitals and medical schools shared in the latest distribution of $3 million in awards for construction of research facilities. The institutions and government share building costs 50-50.

A new record again is claimed for the federal-state rehabilitation program: 88,275 persons restored to employment in the fiscal year ending last June 30.

Marjorie M. Howard, V.A. nursing specialist for education, has been named to a five-year term on the World Health Organization's expert advisory panel on nursing.

A new Children's Bureau booklet, "The Mongoloid Baby," is available at the Government Printing Office, Washington 25, D.C., for 10 cents.

The P.H.S.-Commerce Department cooperative network now offers warning of impending severe smog conditions to all cities east of the Rocky Mountains. Bulletins will be distributed through local U.S. Weather Bureau stations.

Public Health Service has approved 143 grants for $1 million for advanced training of physicians in the diagnosis and treatment of cancer. Under a new procedure, the money goes to teaching hospitals and research centers, which select the individuals. Payments to the trainees thus are kept in line with the institutions' general salary scales.

The Modern Hospital
NOVEMBER 1960

LOOKING AROUND

Wild Blue Sky

TODAY'S experiments are likely to become tomorrow's routines in operating rooms as well as outer space, we have observed, so we make it our business every year to listen in as the surgeons tell one another what's new in the far-out reaches of surgical research.

Out there on the borders, it was reported last month (see page 86), surgeons have been fooling around with a plastic curtain that separates the patient from the surgeon and could make staphylococcal infection as obsolete as smallpox; an electronic muscle energizer for paraplegics; push-button measurement of plasma volume; a transistor device that monitors fetal heartbeats; and surgical transplants of the heart, stomach, bowel, liver, pancreas and spleen, among other parts.

These anatomical maneuvers have been conducted only with dogs — but don't turn your back.

Senators' Seminar

THE Constitution of the United States gives the Congress explicit power to lay and collect taxes, borrow and coin money, regulate foreign and interstate commerce, establish post offices, issue patents, punish piracy, declare war, maintain an army and navy, and make all laws necessary and proper for carrying out these enumerated powers and other powers vested in the government by the Constitution. The authority of the Congress to conduct investigations in order to legislate wisely in the public interest has never been seriously challenged, and the Congress in our time has used its investigative powers to examine the operations of military establishments, government departments, foundations, labor unions and businesses. What has been challenged on occasion is the method used by congressional investigating bodies, which have been charged with subverting justice by making public accusations resulting in public judgments against witnesses who were given no equal or reasonable opportunity to answer the accusations. Six years ago this was essentially the case against the late Senator McCarthy of Wisconsin in his conduct of the Senate Committee on Government Operations. Today it is the case against Senator Kefauver of Tennessee, whose Senate Subcommittee on Antitrust and Monopoly has been accused of using the same methods in its investigation of the prescription drug industry.

Unquestionably, there is some basis in truth for the charge. Reporters in Washington say that members of the Subcommittee and its staff have a working newspaperman's knowledge of city desk and wire service deadlines and that senatorial pronouncements and, especially, charges against the drug industry have been carefully worded and timed to make headlines.

Attending Subcommittee sessions or reading a transcript of the proceedings, an observer could not avoid the impression that the investigation was political in its motives as well as its methods. Majority members and staff generally seemed dedicated to the proposition that the drug industry is rolling in illicit profits gouged from the threadbare purses of the needy sick. Minority members, like industry witnesses, hewed to the opposite line; in their cliche, the pharmaceutical companies are a band of angels selflessly devoted to healing, medical research, the nation's health, and the free enterprise system. From previously prepared positions the Subcommittee staff emitted charges of exorbitant prices, excessive markups, extravagant promotion, restrictive licensing practice, and huge profits. Industry representatives countered with answering salvos of facts about high risks, vast research expenditures, professional education, rapid obsolescence, and unfair competition from cheap imitators. Generally speaking, the charges made headlines and the answers were buried deep in the inside pages of the nation's newspapers — a circumstance that convinced the industry and its friends, and many others, that the majority members of the Subcommittee were seeking to build up public pressure for legislation regulating drug distribution and prescription practices, possibly as a stealthy first step toward socialized medicine. Another view of the headlines was simply that the pressures of competition in the newspaper business always put the devil on page one, so to speak, while faith, hope and charity share the back pages with the want ads.

Of course, the fact is that the prescription drug industry is already regulated by licensing and certification requirements, standards for safety in manufacture, and rules governing promotion and marketing, as well as all the laws regulating interstate commerce, and it is doubtful that the Subcommittee made a convincing case for further legislation; happily,

the Constitution provides for laws to be written and passed by the Congress and not by the headlines themselves. What the Subcommittee hearings did reveal was that the Food and Drug Administration is inadequately staffed to make existing regulations effective. The hearings also turned up a vicuna coat with an antibiotic lining when it developed that an F.D.A. official with certifying authority had been making hay out of a business connection in the industry he was supposed to be regulating – a revelation that would appear to call for closer supervision of government officials, rather than industry.

Perhaps the Subcommittee should be given some credit for calling attention once again to a phenomenon nearly everybody has recognized right along – the confusion that has resulted from the appearance of new prescription drugs at the rate of one or more a day for the last several years – many of them duplicating drugs already on the market or representing changes so slight that promotional ingenuity is strained, sometimes beyond the limits of credibility, to emphasize a difference. As many witnesses testified, some of the confusion exists among doctors, pharmacists, nurses and others having responsibility for ordering and administering drugs, possibly increasing the hazard of medication error and certainly adding something to medication cost.

Along with the confusion that results from multiplication and duplication of new drugs, however, there are benefits, and it is possible, at least, that any effort to eliminate the confusion would risk diminishing the benefits. Certainly the method suggested, at least implicitly, by some members of the Subcommittee – rigid government controls – would at best substitute one kind of confusion for another and, at worst, slow down the rate at which the industry introduces new products making substantive contributions to diagnostic and therapeutic progress.

As many witnesses tried to point out in what turned out to be an uphill struggle against the majority prejudice, and often the chairman, this is the principal benefit to the public health and interest that results from the industry's competitive enterprise today. Expensive though some of its methods unquestionably are, they have given and continue to give us new anesthetics and antibiotics and anticoagulants and hormones and steroids and dozens of other agents that help to relieve suffering, cure disease, and prolong life. These benefits have not especially resulted from the essential nobility of character of pharmaceutical executives, either; they have resulted primarily from the swift advance of pharmacology and chemotherapy, not unrelated to the profit opportunities in the vast, rapidly-changing pharmaceutical market place, and they could be expected to dwindle if the profit opportunities were sharply curtailed by legislative or regulatory action.

As it does in other markets, moreover, competition in prescription drug manufacture eventually drives down the prices even of expensive specialty products. In the drug industry, prices haven't come down as far and as fast as some of the Subcommittee members thought they should have, but in many instances they have dropped sharply nevertheless, as hospital administrators and purchasing agents well know, and the thing that has brought down the price of a drug has been not so much the manufacturer's burning desire to serve mankind as economies resulting from mass production made possible by the distribution methods the committee criticized, or, sometimes, the appearance of another, competitive drug. Whoever tampers with this mechanism in an effort to correct its faults might easily pull the wrong switch and shut off the power.

Some drug industry representatives, and some physicians, think this could result from the current effort to eliminate confusion through the mandatory use of generic names in hospital formularies. The Senate Subcommittee spent several days discussing hospital formulary practice, and some members became enchanted with the concept that generic-name prescribing is the broad spectrum cure for all the industry's ills. This concept gained ground last summer when the American Hospital Association and the American Society of Hospital Pharmacists (after prolonged study that was undertaken long before the Senate Subcommittee became interested in the drug industry) adopted a policy recommending, though not requiring, use of generic names in hospital formularies.

The A.H.A.-A.S.H.P. policy is aimed at eliminating confusion, cutting down expensive pharmacy inventories, and promoting rational use of drugs in hospitals, and the A.H.A.-A.S.H.P. recommendations specify formulary procedures that protect the physician's right to prescribe by brand name if he insists and avoid violation of state laws against substitution if he doesn't. While physicians acting through organized hospital staffs, and not hospital corporations as such, will thus determine how widely the practice of generic-name prescribing is adopted, certainly hospital policies will influence their decisions, and the A.H.A.-A.S.H.P. action may have the ultimate effect of diminishing the impact of brand identification in hospitals – a development the pharmaceutical industry contemplates with understandable horror.

In well organized, well run hospitals some economies in purchasing and inventory practice may indeed result, and confusion subside, when these recommendations are properly effected. There may be a few hospitals, however, that will see the "generic equivalent" system as a loop-hole authorizing the purchase and use of unbranded, low-priced products. Lacking their own facilities and resources for testing the purity and potency of unbranded drugs, as many government and medical school hospitals do, these hospitals may rely too heavily on an unknown supplier's assurances of quality, or on F.D.A. protection that is more apparent than real, and thus unwittingly jeopardize the effectiveness of drug therapy, if not the safety of hospital patients.

Obviously, however, neither the U.S. Senate nor the American Hospital Association is going to revolutionize practice in the prescription drug industry overnight. The Congress as a whole can probably be counted on to consider the benefits as well as the abuses of existing practice before legislating further controls. Hospitals may continue to move toward generic-name formularies, but, under any circumstances, the well known and respected proprietary names are not likely to vanish from hospital formulary lists and hospital medication orders while anybody who is worried about the problem today is still around. Senator Kefauver should live so long. ■

States Plan Aid for Aged Under New Law

New federal-state program for health care in U.S. should raise the level of hospital payments for public assistance beneficiaries but is not considered the answer for "medically needy" aged, survey shows

CHICAGO. – The amendments to the social security law enacted by the Congress in August may not result in many hospital bills being paid on behalf of the "medically needy" aged before Congress meets in January 1961, but the amendments have resulted in virtually all states taking a new look at their health care programs for old-age assistance recipients. These amendments – being followed up with intensive promotion by officials of the federal government and by hospital and medical groups hoping to stall Forand-type legislation in the next session of Congress – are sparking a state interest in existing health care programs for public assistance beneficiaries not in evidence for years. **When the state legislatures convene next year health care for the aged is certain to be a major issue, judging from a special state by state study undertaken by the editors of The Modern Hospital early in October.**

The scurry of activity to find other than a social security approach to the financing of health care for aged persons is fast resulting in a better understanding of the economic and administrative facets of this complicated problem. Observations at this time point toward the whole problem's being given back to the Congress for solution since state officials are in almost unanimous agreement that a workable long-term answer is not to be found in the legislation Congress passed in August. The reason is the one known all too well by most hospital administrators: In all but a few states, available general state and local tax revenues, even with maximum federal fund matching, are insufficient to provide a reasonably decent standard of living – not to mention adequate payment of hospital care – for persons who are now public assistance beneficiaries. The added tax burden of assuming responsibility for financing health care, or hospital care alone, for the 10 million aged persons estimated by the Senate finance committee to be eligible under the amendment's definition of "medically needy," is believed by many state officials to be too great for most states to shoulder from available tax sources.

On the other hand, welfare department reports to The Modern Hospital indicate that in many states hospitals can be assured that over the next few months care provided old-age assistance beneficiaries will be more adequately financed.

When Congress amended the Social Security Act in August it reworked Title I of the law, hoping to give states incentives to:

1. Liberalize medical care provisions for present old-age assistance recipients; and,

2. Add to or extend provisions for medical assistance of aged persons *not* receiving old-age assistance – the new "medically needy" category.

To create these incentives, federal matching funds were made available to states wishing to qualify for their use by submission of an administrative proposal meeting requirements of federal law and rules and regulations of the Secretary of the Department of Health, Education and Welfare. States with administrative proposals approved by the Secretary would receive the additional funds Congress allocated.

States may use the new federal funds for either or both of two purposes:

1. To improve existing state and local health care provisions for older persons receiving monthly old-age assistance grants. At the present time, states provide needy aged persons with "money payments" from which they buy the necessities of life. These grants include money for the purchase of medical care when available funds are sufficient for this purpose. In 44 states "vendor payments" are made directly to the supplier of health services in addition to any amounts for health care included in the monthly assistance grants – but in only a relatively few of these states are "vendor payments" made for both hospital and medical care as well as drugs and nursing home care. In 15 states[1] such "vendor payments" are made from a "pooled fund" established by the state into which a given amount per old-age assistance recipi-

[1]States with pooled funds for "vendor payments": California, Hawaii, Illinois, Maine, Michigan, New Hampshire, New Mexico, North Carolina, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, West Virginia.

ent is deposited monthly – a type of prepayment plan administered by the state welfare department for persons receiving public assistance.

State provisions for health care of the aged vary greatly. Some states have relatively adequate provisions (California, Colorado, Connecticut, Illinois, Indiana, Maryland, Massachusetts, Minnesota, New Mexico, New York, North Dakota, Oregon, Washington and Wisconsin) and others have little or no provision – including such states as Alabama, Arizona, Georgia, Kentucky, Mississippi, South Dakota, Texas and Virginia.

The increased federal financial provisions in the new social security amendments are designed to encourage all states to extend comprehensive medical services to all needy persons who are receiving assistance payments.

2. To provide funds for a new Medical Assistance for the Aged category to finance medical services for persons not receiving public assistance but who are "medically needy." Under this provision, states desiring to establish a program for assisting individuals in meeting their medical expenses would submit amendments to their old-age assistance plans to the secretary of the Department of Health, Education and Welfare for approval for federal fund matching. The state has wide latitude in establishing the standard of need for medical assistance. It may, if it wishes, disregard the existence of any income or resources. The state's definition of eligibility is thus expected to be more liberal than the one used for old-age assistance and the program must provide both "institutional and noninstitutional" health services.

I—Improved Medical Care for Public Assistance Recipients

Under this provision, states can pay up to a ceiling of $12 per month per person receiving old-age assistance benefits directly to "vendors" of medical, hospital and related health services and obtain the maximum federal fund participation; this earmarked "vendor payment" provision is in addition to the federal contribution for the existing $65 monthly maximum per old-age assistance recipient for all purposes. No matching, therefore, can be obtained for payments in excess of $77 per month per person, including both "vendor payments" and cash payments which may, in part, be used to pay for health care.

States with reasonably adequate health care programs for persons receiving old-age assistance find the $12 monthly vendor payment average

STATE WELFARE OFFICIALS REPORT ON NEW PROGRAMS FOR AGED

Following are excerpts from responses to The MODERN HOSPITAL's query to state directors of welfare:

ALABAMA:

"We do not now have any medical care program for public assistance recipients and, therefore, few decisions have been made in Alabama on the 1960 medical care for the aged amendments. We believe we have legal authority to make vendor payments for old-age assistance recipients but we question whether we have sufficient legal authority to enter into the program of medical care for the needy aged who are not receiving old-age assistance. We may request an attorney general's opinion on these matters.

"We are thinking in terms of initiating a vendor payment nursing home medical care program for old-age assistance recipients and the state board of pensions and security, in session recently, authorized us to proceed on this matter. We are in process of making a study to determine the number of such persons who would be involved and the amount of state money required to initiate such a program." – ALVIN T. PRESTWOOD, *Commissioner, Department of Pensions and Security, Alabama.*

ARIZONA:

"Arizona requires legislative action for any medical program involving vendor payments." – FEN HILDRETH, *Commissioner, Arizona.*

CALIFORNIA:

"No new legislation required to provide hospital payments for present recipients, but additional funds will be used for expansion of outpatient services, leaving hospital responsibility with local government." – J. M. WEDEMEYER, *Director, Department of Social Welfare, California.*

COLORADO:

"We hope to be able to use all or part of the increased federal grants for old-age assistance to strengthen our medical program for old-age pensioners in Colorado. By constitutional amendment $10 million is made available each fiscal year for the Old-Age Pension Medical Care Program. Presently our rate of expenditures is exceeding this amount. Therefore, we hope it will be possible to use some of the additional federal funds to meet the increasing costs of our present medical care program and perhaps to use some of the additional funds to provide for increased benefits." – GUY R. JUSTIS, *Director, Department of Public Welfare, Colorado.*

CONNECTICUT:

"The state has a comprehensive medical care program for our public assistance recipients (including old-age assistance). This program includes hospitalization, hospital clinics, physicians' services, dental care, optical, drugs, appliances, special nursing care, visiting nurse associations, home care program, private clinics, ambulances and nursing home care." – BERNARD SHAPIRO, *Commissioner, Connecticut.*

DELAWARE:

"New legislation will be required to provide any medical care for recipients or any other persons; no specific

does not cover their expenditures for this purpose. Monthly costs exceed $18 in both California and Colorado, for example, and are over $30 in such states as Illinois, Massachusetts, Minnesota, New Jersey, New York, North Dakota, Oregon and Wisconsin. In March 1960, some nine states had average payments for monthly assistance exceeding the $65 ceiling for federal fund matching; this was true in such widely scattered states as California, Colorado, Connecticut, Iowa, Kansas, Louisiana and New York.

The formula for federal grants favors the lower per capita income states, where the matching in 12 states is as high as 80 per cent of total expenditures for vendor payments made under the maximum ceilings applicable for matching purposes. Participation in the federal-state program for old-age assistance is optional with the states. Each state may determine the extent and character of its own program – a fact which accounts for the existing wide variations from state to state.

Reports to The Modern Hospital indicate that many states are planning to use any new federal monies made available under the recent amendments to the Social Security Act to improve existing programs for the public assistance categories. In only 26 states,[2] however, will the additional federal funds bring the average payment for health care of persons receiving old-age assistance up to or above $12 per month. It should be noted that in 18 of these 26 states the average payments, without the new federal funds, now average more than $12 per month per recipient of old-age assistance; 11 of these states are now paying providers of health services in excess of $20 per month per old-age assistance beneficiary; in five states the amount is $35 or more per month.

From present state figures it is difficult to estimate what would constitute a reasonable monthly cost for health services per person receiving old-age assistance. By any standard, however, $12 per month per person 65 or over must be considered a minimum amount to finance needed health services – if, in fact, it can be financed for this figure in any of the states. In all parts of the country, the states with the more comprehensive

[2]States in which new federal grants will bring "vendor payments" up to or above a $12 maximum for federal fund matching: California, Colorado, Connecticut, Illinois, Indiana, Iowa, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Virginia, Washington, Wisconsin, Wyoming.

plans have been made for implementation of so-called new federal health legislation." – EDGAR HARE Jr., *Director, Department of Public Welfare, Delaware.*

DISTRICT OF COLUMBIA:

"It is planned to use additional funds for medical care provided old-age assistance recipients to improve medical services." – GERARD M. SHEA, *Director of Public Welfare, District of Columbia.*

FLORIDA:

"No immediate changes are expected in our hospital program which provides for 12 days of hospital care within a 12 month period for patients suffering from an acute disease, illness or injury. No plans have been made to establish a new program covering Medical Assistance to the Aged." – FRANK M. CRAFT, *State Director, Department of Public Welfare, Florida.*

ILLINOIS:

"On new federal aid for medical care to aged, current Illinois program for O.A.A. recipients already comprehensive, with average per recipient at $34, thus exceeding $12 matchable maximum under Public Law 86-778. New legislation necessary to establish program for medically indigent aged." – PETER W. CAHILL, *Executive Secretary, Public Aid Commission, Illinois.*

INDIANA:

"The additional funds available will be used to reimburse the state and county departments of public welfare for hospital and other services presently being made for recipients of public assistance." – ALBERT KELLY, *Administrator, Department of Public Welfare, Indiana.*

IOWA:

"Funds made available through the new federal health legislation will be used to increase the monthly grants of old-age assistance recipients receiving allowances for nursing or custodial care. We will make vendor payments on behalf of patients in licensed nursing homes and nursing care in licensed hospitals. In other facilities, increased allowances will be included in the recipient's basic grant which he receives himself." – IRENE M. SMITH, *Vice Chairman, State Board of Social Welfare, Iowa.*

KANSAS:

"Kansas' preliminary proposal to use additional old-age assistance funds to compensate suppliers more realistically for services now available to recipients. . . . Kansas will explore carefully the possibility of use of existing prepayment programs if new category is authorized." – L. S. MCEACHRON, *Assistant State Director, Kansas.*

MAINE:

"We shall probably increase our rates of payment for hospital and nursing home care and add to our program some noninstitutional elements of care, but the extent of such an addition to our program has not yet been decided upon." – DEAN FISHER, M.D., *Commissioner, Department of Health and Welfare, Maine.*

More Reports From States on Next Page

health care programs, and states that now generally pay hospitals on a basis related to cost of services provided, find that their monthly payments for health care exceed $12 per month.

There are 33 states[3] that make some type of allowances for payments to hospitals for care provided old-age assistance recipients. In the remainder of the 17 states payment for hospital care is not a part of the state program. When hospital care is paid for in these 17 states, it is financed by local political subdivisions – frequently without any federal fund participation. In a number of the states, however, no specific state or local government provision is made for payment of hospital care under the federal-state old-age assistance program.

Under the new amendments, there are 25 states,[4] which now average less than $12 per month in health care "vendor payments" for old-age assistance recipients, that will not be able to take full advantage of the additional $12 available for federal fund matching unless additional state or local funds to match available federal funds are appropriated by state legislatures. The additional federal funds under the August amendments will bring the average payments for health care to only $6 in 9 states unless new state or local funds are allocated to match available federal funds. These are: Alaska, Arkansas, Delaware, Georgia, Kentucky, Mississippi, Montana, South Dakota, and Texas.

At present 13 states[5] make no payments under the federal-state program for hospital care for persons receiving old-age assistance. In several of these states, however, hospital care is assumed to be a local government responsibility. The foregoing 13 states do not include those, such as Iowa and Louisiana, in which hospitals for indigents are operated by state or local governments. During the month of March 1960, there were five addi-

[3]States that make payments to hospitals under approved state plans: California, Colorado, Connecticut, District of Columbia, Florida, Hawaii, Illinois, Indiana, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Washington, West Virginia, Wisconsin, Wyoming.

[4]States in which new federal money will not bring average "vendor payments" for health service up to the $12 ceiling: Alabama, Alaska, Arizona, Arkansas, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nevada, New Mexico, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Vermont, West Virginia.

[5]States making no payments for hospital care under an approved state plan: Alabama, Alaska, Arizona, Delaware, Georgia, Idaho, Iowa, Kentucky, Louisiana, Mississippi, Nevada, New Jersey, Pennsylvania, South Dakota, Texas, Vermont, Virginia.

STATE WELFARE OFFICIALS REPORT ON NEW PROGRAMS FOR AGED

MISSOURI:

"On the basis of present expenditures, Missouri will receive a very small amount of additional federal funds (apparently between $8000 and $9000 per month) which would not be sufficient to make any major increases or changes, even though such change were permissible under present state law. This additional federal money will be used to come nearer paying hospitals 100 per cent of per diem cost than is presently possible." – Proctor N. Carter, *Director, Department of Public Health and Welfare, Missouri.*

MONTANA:

"Our planning at this time indicates that we will ask voluntary prepayment agencies to develop insurance programs at least for recipients of old-age assistance." – W. J. Fouse, *State Administrator, Department of Public Welfare, Montana.*

NEW HAMPSHIRE:

"New Hampshire has increased ceilings in old-age assistance from $80 to $100; adjusted nursing care payments by 10 per cent increase, and has made upward revisions in hospital board and care rates. All such adjustments effective Oct. 1, 1960. With regard to new category of medical assistance the department requires (1) enabling legislation and (2) separate appropriation which cannot be obtained until our legislature convenes in January 1961. We currently cooperate with voluntary prepayment programs and allow our recipients to have such coverage in addition to inclusion in our medical pool program. Heretofore, private plans have been reluctant to extend total coverage to our recipient groups because of advanced age and severity of physical condition." – James J. Barry, *Commissioner, New Hampshire.*

NEW YORK:

"Since in our old-age assistance program we already give complete medical care and pay the hospitals at cost, we will use the extra $6 of federal money per person per month for other purposes. Our average cost per case is $107 per month, of which about half is for medical care." – Raymond W. Houston, *Commissioner, Department of Social Welfare, New York.*

NORTH CAROLINA:

"We are not in a position to tell you at this time what sort of program will be developed. . .the increasing federal participation in the present program of hospitalization for old-age assistance recipients became effective as of Oct. 1, 1960, so to that extent we are already beginning to get some benefit from the broadening of Title I of the Social Security Act." – Ellen Winston, *Commissioner, State Board of Public Welfare, North Carolina.*

OHIO:

"We are not planning to initiate the new Medical Assistance for the Aged program at this time. Such a move would require new legislation in Ohio. In view of the extent of our present medical program in old-age assistance and its wide coverage, it seems best to delay consideration of Medical Assistance for the Aged until the Ohio General Assembly meets in regular session in 1961.

tional states in which the "vendor payments" under the federal-state program for all health services averaged less than $3 per month for persons receiving old-age assistance. These states were: North Carolina, South Carolina, Tennessee, Utah and West Virginia.

In March 1960, the average monthly cash grant for persons receiving old-age assistance was $57.87.

The highest was $90.10 in Connecticut, and the lowest was $29.81 in Mississippi. Cash grants for income maintenance of old-age assistance beneficiaries in excess of $65 per month are not matched by federal funds, but most states had not reached the $65 per month average as of last March. Some 41 states were then paying less than the $65 maximum ceiling for federal fund participation and 15 of these states were paying less than $50 per month. In most of these states, the recipient was expected to pay for at least part of his health care out of his monthly cash grant – in some states virtually all health care was financed from cash grants to beneficiaries or was financed from other than tax fund sources.

In view of this analysis of the present level of payments to individuals – and to "vendors of health services" – it is not surprising that reports received by The Modern Hospital from state officials pointed in the direction of using the additional funds, resulting from more liberal matching of state and local expenditures, to improve existing public assistance programs. In many states this will be good news for hospitals because it may mean not only that more public assistance cases will be financed from tax funds but that payments to hospitals can be moved closer to reimbursable cost. The total of new money made available, however, will not in the over-all mean substantial increases in present programs for persons 65 and over receiving public assistance.

The estimated $142,175,000 in additional money which the recent amendments to the Social Security Act make available to states can be absorbed by all but a few states for the purpose of bringing either monthly cash grants, or health care programs, for public assistance recipients closer to levels generally recognized as reasonable. This estimate of funds available is based on the assumption that in nine states new allocations of state or local money will be made to obtain the maximum available federal fund matching. However, in only one of these nine states – Kentucky – have steps been taken to obtain the

We did, however, effective Oct. 1, 1960, expand the medical program of old-age assistance." – THOMAS D. WEILER, *Chief, Division of Aid for the Aged Department of Public Welfare, Ohio.*

PENNSYLVANIA:

"We are looking into the matter thoroughly and will develop estimates and various alternatives which our authorities will consider and study." – RUTH GRIGG HORTING, *Secretary, Department of Public Welfare, Pennsylvania.*

SOUTH DAKOTA:

"There are no current plans in this state to use the additional funds available under the 1960 amendments to the Social Security Act to increase monthly old-age assistance grants, or to increase medical or hospital payments for recipients, or to establish a new category of medical assistance." – MATTHEW FURZE, *State Director, Department of Public Welfare, South Dakota.*

TENNESSEE:

"Our department now has the authority to make vendor payments for the old-age assistance recipients under the public assistance hospitalization program presently being administered by this agency. . . . It is our opinion that nursing care and medical programs for the chronically ill are our greatest need at this time and we hope to make use of any available funds that are released by new federal legislation for this purpose." – MRS. C. FRANK SCOTT, *Commissioner, Department of Public Welfare, Tennessee.*

UTAH:

"Additional federal funds will be used to assist Utah to assume total cost of medical care of all four federal programs." – CLYDE C. EDMONDS, *Commissioner, Department of Public Welfare, Utah.*

VERMONT:

"Additional funds will go toward paying for hospitalization for old-age assistance recipients. Vermont has never had a program before for paying hospitals for care of recipients of assistance. New legislation will be needed to implement the present program to provide drugs or doctor's care. New legislation will be needed for new category. As yet, no plans have been formulated." – JOHN J. WACKERMAN, *Commissioner, Department of Social Welfare, Vermont.*

WISCONSIN:

"The matter has not been considered as urgent in Wisconsin as in some other states because of the adequate health care program in our public assistance laws which includes those receiving maintenance as well as those only in need of health care." – WILBUR J. SCHMIDT, *Director, Department of Public Welfare, Wisconsin.*

WYOMING:

"Wyoming has been able to implement, effective October 1, that part of the new bill which affects those persons now receiving old-age assistance by passing on an increase in the money grant which includes medical and hospital aid." – C. W. SKINNER, *State Director, Department of Public Welfare, Wyoming.*

needed additional state or local funds.

The magnitude of present expenditures for old-age assistance illustrates the possible impact of the new federal funds. In March 1960, some 2½ million persons 65 and over were receiving old-age assistance. During this month, under approved state programs, these persons received a total of $160 million – cash grants in this same month were $290 million for all other public assistance categories. Payments for health services, which included federal matching, amounted to $25 million for persons 65 and over; for all four categories of public assistance, health care costs in which the federal government participated amounted to $35 million.

2 — *Funds for the "Medically Needy" or the New Medical Assistance for the Aged Program*

It is the expectation of many members of Congress, and of persons pushing this new program as an alternative to other recent proposals for financing health care for the aged, that the additional federal funds made available to states for matching payments for health care of old-age assistance recipients will "free" sufficient state or local funds to initially finance the new category of assistance – Medical Assistance for the Aged. The Department of Health, Education and Welfare estimates that, at the present level of state and local expenditures for old-age assistance medical care, some $71,918,000 of nonfederal funds would be "released." If such "released" funds were used by the states for the new category of medical assistance, these would be matched with federal funds on a basis varying from 50 to 80 per cent, depending on the state's per capita income. This formula results in 34 states receiving more than a 50-50 matching, with some eight states receiving federal fund participation amounting to 75 to 80 per cent of total expenditures for this program. Since there is no maximum dollar figure for federal participation, whatever amount the state spends under an approved state plan will be matched.

Not all states, however, can take advantage of this program, because of existing limitations in state law. New legislation will be needed in 39 states* to authorize the states or political subdivisions to establish the new category of Medical Assistance for the Aged. Other states may find, after consulting state legal officials, that they, too, need such legislation.

Some states, however, have decided to take immediate advantage of the new program. Four states (Arkansas, New Mexico, Oklahoma and Washington) are reported to be currently putting this new program into effect. The Michigan and West Virginia legislatures have already passed new legislation authorizing these states to participate under the amended Social Security Act. Kentucky has enacted legislation that will become effective Jan. 1, 1961. Louisiana, Rhode Island and Virginia believe they do not require new legislation and have the new program under consideration. Massachusetts and New Jersey have drafted proposed legislation. Virtually all the other states have the new program under study and those in which the legislatures meet next January are almost certain to review the subject of medical assistance for needy aged persons. But in some states, such as Mississippi, legislatures are not scheduled for regular sessions until 1962, and Texas expects that an amendment to the state constitution will be necessary to participate in the program.

Applications for assistance under the new program are now being received in Michigan and West Virginia. The Michigan legislature allocated $2,290,000 for the medical assistance program and with federal matching will have $4,580,000 for the period ending March 31, 1961. Estimates are not available on the number of persons who are expected to receive medical assistance under this program. The West Virginia legislature allocated $1,200,000. Federal fund matching in West Virginia will amount to 72.69 per cent of whatever amount is spent by the state.

Specific details on the programs in the six states which have programs under way were not available at press time. Under the Medical Assistance for the Aged category, however, states can provide medical service to individuals on the basis of an eligibility requirement that is more liberal than that in effect for the states' present old-age assistance programs. The Congress specified that the states should set reasonable limits on the resources an individual may hold and still be eligible for medical services. In Michigan, for example, single persons must have income from all sources of less than $1500 and couples less than $2000 to be eligible, but marketable assets are also taken into account under the Michigan law.

Individuals who are recipients of old-age assistance in any month would not be eligible for participation under the new program. If the intent of the federal law were fully operative the states would have eligibility limits more liberal for the new program, and more comprehensive medical and hospital programs, than exist for old-age assistance beneficiaries. States may contract with such agencies as Blue Cross and Blue Shield for the provision of benefits; however, according to present information, only the Kansas and Montana welfare departments reported that such arrangements were under exploration.

The number of persons eligible for Medical Assistance for the Aged has been estimated by some states as approximately half of all persons 65 and over. Other states have placed this figure higher and some estimate it at a somewhat lower level. With eligibility more liberal than for old-age assistance, the potentially eligible group can be expected to be substantially higher than the group now eligible for old-age assistance. The eventual magnitude of the new program, if sufficient state and local funds are made available, could have a very considerable impact on state financial resources. The total cost of this program is estimated by some state welfare directors at an amount considerably in excess of the present expenditures of about $25 million a month for existing health programs for old-age assistance recipients. These existing programs, however, provide a less comprehensive scope of health services at levels of payment for care that are lower than would be acceptable to hospitals and other providers of services for persons in this new group.

The Medical Assistance for the

(*Continued on Page* 174)

*States needing new legislation before participation in Medical Assistance for Aged program: Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Wisconsin, Wyoming.

Yale Index Measures Design Efficiency

Design, not size, is the most important factor in determining efficiency of hospital units, this study indicates

Robert J. Pelletier and John D. Thompson

FOR years architects, hospital consultants, hospital administrators, trustees, nurses and doctors have argued over the relative merits of various inpatient unit designs. A favorite forensic ploy is that one unit is "more efficient" than another. What is meant by "efficiency"? It could mean functional efficiency, *i.e.* the amount of movement necessary to perform required tasks; or it could mean economic efficiency, *i.e.* the amount of or cost of building per patient. These two types of efficiency are not necessarily coincident. If functional efficiency is the goal, for whom does one design? **Moreover, how valid are the traditional yardsticks of inpatient unit efficiency,** *i.e.* beds per 10 running feet of corridor, distance of the farthest bed from the nurses' station, beds per unit of area, area per bed?

Functional efficiency by the nurs-

(Text Continued on Page 76)

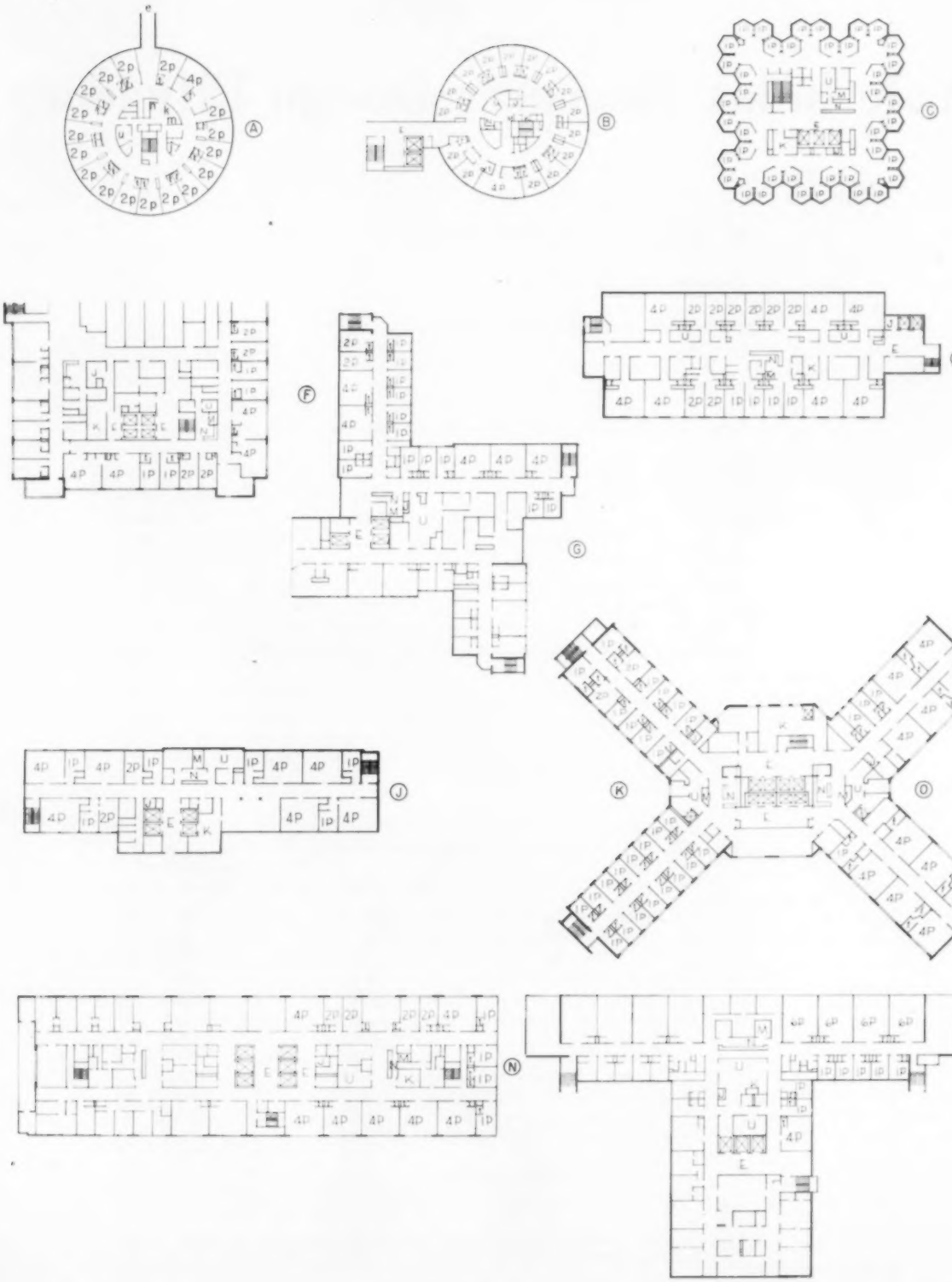
Mr. Pelletier is a research assistant and Mr. Thompson a research associate at Yale University, New Haven, Conn.

From the department of public health, School of Medicine, Yale University and Grace-New Haven Community Hospital, under United States Public Health Grant W55C.

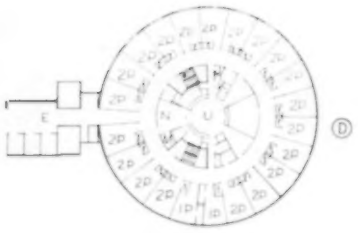
Plan (pages 74 and 75)	No. Trips	Per Cent	Cumulative Per Cent
1. Patient rooms-patient rooms	3672	19.1	19.1
2. Nurses' station-patient rooms	3211	16.7	35.8
3. Utility room-patient rooms	2705	14.1	49.9
4. Nurses' station-utility room	1878	9.8	59.7
5. Nurses' station-elevator lobby	1168	6.1	65.8
6. Nurses' station-medication closet	1121	5.8	71.6
7. Patient rooms-pantry	882	4.6	76.2
8. Patient rooms-elevator lobby	714	3.7	79.9
9. Medical closet-patient rooms	625	3.2	83.1
10. Utility room-elevator lobby	482	2.5	85.6
11. Utility room-medication closet	343	1.8	78.4
12. Utility room-pantry	323	1.7	89.1
13. Utility room-janitor's closet	220	1.1	90.2
14. Nurses' station-pantry	193	1.0	91.2

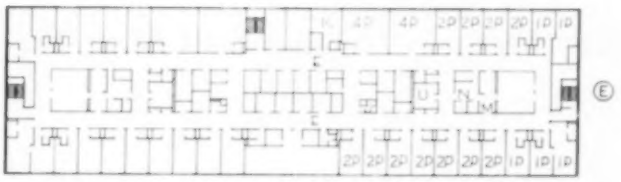
Table I shows relative importance of 14 traffic links used in study. These links were found to account for 91 per cent of the traffic on the nursing unit.

These 19 Nursing Units Were Compared and Ranked by the 'Yale



Index' and by Three Standard Yardsticks of Inpatient Unit Efficiency

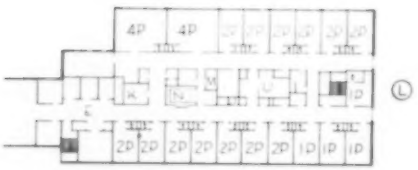


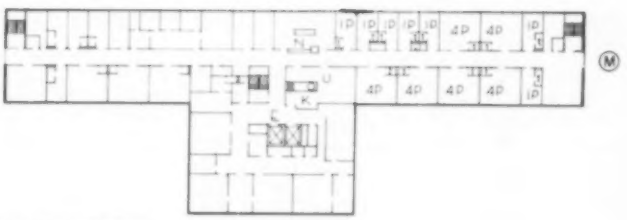


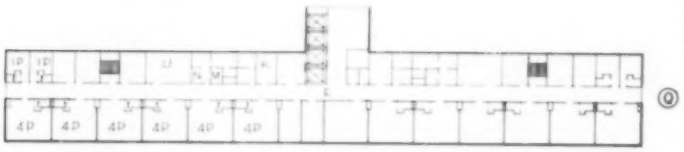
KEY TO SYMBOLS USED IN ILLUSTRATIONS

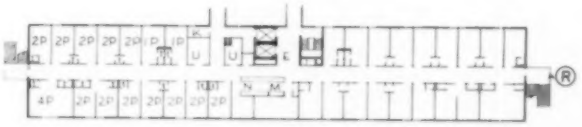
N — Nurses' station
U — Utility room(s)
M — Medication storage
K — Kitchen or pantry
E — Entrance or elevator lobby
J — Janitor's closet
1P, 2P, 4P — Patient rooms, by number of beds

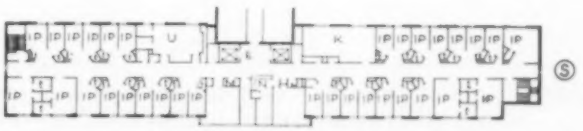
Comparisons were made of these recently built nursing units with similar facilities but different plans. The results are shown in Table 2 on the following page.











Key Factor is Distance Staff Must Travel in Caring For Patients

(*Continued From Page* 73)

ing unit staff was selected as a reasonable area for this investigation, since all the traditional arguments over functional efficiency eventually boil down to how far staff members travel in caring for the patients.

A recently built acute general hospital with separate medical and surgical nursing units was selected for study. In addition to complying with all the recommendations of the U.S. Public Health Service, the hospital included three other significant features: nurse-patient intercommunication system, individual room toilets with bed pan flushing facilities in each, and a dumb-waiter system with receiving and sending station in the utility room. The typical inpatient units studied included two surgical units and two medical units that were similar in plan.

One of the surgical units consisted primarily of four-bed rooms with four single rooms for acutely ill patients, comprising 48 beds. The other surgical unit, with 30 beds, was made up of 26 single-bed rooms and two double-bed rooms. The medical floor was similarly divided. **Data on all staff travel were taken for three shifts, totaling 24 hours, on each unit.** On one unit data were taken for an additional three shifts, which proved useful for comparison. Trips made by all medical, nursing, auxiliary and ancillary personnel were recorded.

The strategically placed observers recorded these trips. Information on the trip consisted of "who," "from-to," and "when." The from-to portion of

HOSPITAL	CIRCULATION SIMPLE	CIRCULATION COMP.	RANK	YALE INDEX	RANK	N. STA. TO PATIENT ROOM	RANK	NO. BEDS TO RUNNING FEET COR.	RANK	NO. BEDS 100 SQ. FT.
A		✓	1	2106	1	44	1	2.52	5	0.462
B		✓	2	2215	2	49	3	2.35	3	0.491
C		✓	3	2551	6	71	17	1.35	9	0.396
D		✓	4	2552	7	76	4	2.30	6	0.432
E		✓	5	2677	3	62	15	1.39	19	0.308
F	✓		6	2706	5	68	19	1.29	8	0.410
G	✓		7	3185	13	88	11	1.53	2	0.513
H	✓		8	3233	11	82	13	1.48	14	0.340
I	✓		9	3246	9	80	8	1.90	18	0.326
J	✓		10	3301	10	82	2	2.46	10	0.388
K	✓		11	3315	17	102	18	1.33	16	0.336
L		✓	12	3344	14	88	16	1.38	13	0.352
M	✓		13	3546	16	98	10	1.67	7	0.430
N		✓	14	3609	4	62	14	1.41	12	0.357
O	✓		15	3618	15	97	6	2.13	11	0.364
P	✓		16	3739	8	80	5	2.27	4	0.480
Q	✓		17	3789	12	87	7	1.95	17	0.336
R	✓		18	3986	19	112	9	1.81	1	0.597
S	✓		19	4356	18	104	12	1.49	15	0.339

Ranking of the plans by the Yale Index and by three other efficiency criteria shows that these older measures do not agree with one another or with Yale Index, although compound plans appear to be more efficient.

New traffic index shows in specific terms how much more efficient one unit is than another with similar facilities

the observation was later simplified to "between" and called a link. From the designers' standpoint it makes little difference which direction the traffic goes in a link. In all, more than 20,000 trips were recorded.

The results were broken down into shifts and considered from each of the standpoints that might have affected design. The only conclusion of value drawn from all this separate deliberation was that *no significant difference* in the *pattern* of traffic was caused by differences in shift, type of accommodation, or service (medical or surgical), and that the over-all pattern can be used as a basis for developing design criteria.

Sixteen separate areas were observed in the study, with patient rooms considered a single area for purposes of summarization. Thus the number of possible links in a system of 16 areas is 120.* It was found that more than 91 per cent of the traffic on the unit could be accounted for by only 14 links involving seven of the 16 areas. These links (Table 1) are considered to be the prime determinants of unit efficiency.

Once the relative importance of the determinant links has been established it is a relatively simple and obvious task to fashion a yardstick of unit efficiency. The actual length of each link is measured, multiplied by the appropriate weight (its percentage of total traffic), and the 14 products totaled. This number, which we have called the Yale Traffic Index, can be used in several ways. If the number of trips made on an average shift is known, the total distance traveled by the staff can be computed.

Probably more important, however, is the use of this index to compare units with similar facilities. By use of the index the designer can not only tell which unit is more efficient, but *how much* more efficient. This ability to put efficiency into quantitative terms will help the designer decide how much he has to pay in terms of amenities for the ultimate in functional efficiency and, it is hoped, *vice versa*.

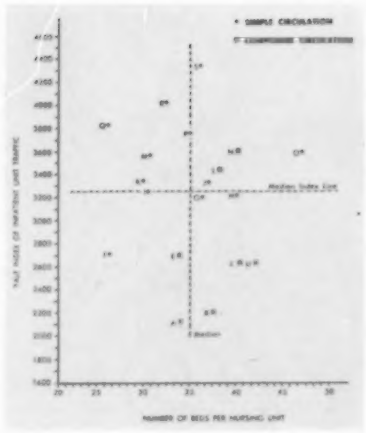
With this new tool, the investigators were eager to make some comparisons among recently built hospital nursing units having similar facilities but different plans. At the same time parallel comparisons of these units using the traditional yardsticks were made to discover whether any correlation exists between the Yale Index and other "efficiency indexes." Most importantly the researchers wished to determine whether or not any basic characteristic of unit design resulted in consistently efficient designs.

This comparison of different unit designs rests on two basic assumptions:

1. Activities performed by nurses are relatively uniform throughout the United States.

2. With similar facilities traffic links will assume the same importance independent of plan configurations.

Most of the efficiency criteria in the comparative table deal with characteristics of inpatient unit circulation, *i.e.* corridor length and arrangement. It was decided to classify plans into two categories: simple circulation (only one path from A to B) and compound or redundant (alternate paths from A to B). Thus, although corridors in certain schemes may have several branches, circulation is essentially simple so long as these branches do not rejoin to form closed loops. Linear plans, V plans, T plans, and similar plans are usually simple circulation schemes, whereas double corridor plans, circular plans, and square plans are *usually* redundant circulation schemes.



This charting of efficiency index *versus* unit size indicates that unit efficiency depends more on design of the inpatient unit than on size.

From the sample of plans considered in the study (see Table 2) a few general observations can be made. There is no correlation between efficiency criteria. The older density criteria do not agree with each other nor with the Yale Index. On the other hand, the tendency for plans with redundant circulation to be more efficient than simple circulation schemes seems fairly well established, especially when nursing units of more than 30 beds are involved.

Although the sample considered is probably too small to draw detailed conclusions with certainty, one can use the chart of efficiency index *versus* unit size (Fig. 3) to eliminate one long cherished bit of folklore. **Inpatient unit efficiency is not directly related to unit size. In fact, within the range of sizes considered, the design of the inpatient unit is the most important factor in determining the efficiency of the unit.** ■

*To find the total number of possible links (N) in a system of n nodes (or areas) the formula is $N = n(n-1)/2$.

Beauty Is Part of Plan for Patient Care

Functional design and equipment of Baltimore's Sinai Hospital are enhanced by the luxurious decor that gives patients a feeling of well-being

Alonzo Clark

AT FIRST glance the spacious lobbies, corridors and rooms, and the bright colors and gay fabrics of the new Sinai Hospital of Baltimore tend to overshadow its more important qualities of efficiency, convenience and functionalism. The modern furnishings are more in evidence than the modern machines for diagnosis and treatment with which the hospital is amply equipped. But first impressions are important, especially to the patients who will be entering for relief from mental stress as well as physical pain, and the nickname "Sinai Hilton" from the initials SH on the tableware, will persist for a long, long time.

The 423 bed hospital occupies about 30 acres of rolling land in northwest Baltimore, part of a total tract of 130 acres, but separated by city streets (see cut). The hospital and research buildings are on the high ground, a long ridge crossing the site in an east-west direction. Staff quarters, nurses' residence, nurses' school, and auditorium are built around a court; the service building is located on low ground. The main entrance and emergency entrance are reached from the north. Roads and parking areas were planned to provide open lawns and gardens on the south side of the nursing units.

Facilities for the hospital are housed in eight new buildings, arranged with the existing Mount Pleasant building, to provide maximum operating efficiency. They are:

1. Obstetrics-gynecology
2. General hospital
3. Research laboratories
4. Staff quarters
5. Nurses' residence
6. School of nursing
7. Auditorium
8. Service building
9. Mount Pleasant building

Obstetrics-Gynecology Building

The obstetrics-gynecology building is connected to the general hospital at each floor level, yet arranged to provide the necessary isolation for obstetrics.

At the first floor level the walnut paneled lobby is joined by a wide "memorial passage" to the central admitting office and main hospital lobby. Labor rooms, delivery and operating rooms, and recovery room are on the top floor, the fourth. Patients' accommodations are on the first, second and third floors. Formula room and Brith Room are at ground floor level. The latter has a separate stair from the building entrance for visitors and a private entrance from the patients' elevator for mother and child. Dumb-waiters connect the formula room with the nurseries on the first and second floors.

The building structure and services are designed for the future addition of four more floors.

General Hospital

The general hospital, flanked by the obstetrics-gynecology building on the east and the research building on the west, is five stories high. Expansion of the nursing units will be vertical (the building is designed for three more floors) and the north wing ancillary services will be expanded horizontally.

A very special touch is the provision for overnight stay of families of critically ill patients. Four bedroom and bath suites in a secluded location on the first floor may be assigned without charge by the administrator. This is just one of the services which elevates the hospital from the realm of efficient, but coldly professional, institutions. Another is the privilege of ordering special food from the generously proportioned kitchen.

The hospital's liberal visiting policy is reflected in the design by a large lobby with three elevators for visi-

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Mr. Clark is an architect with the firm of Voorhees Walker Smith Smith & Haines, New York, architects, who designed Sinai Hospital of Baltimore. Medical consultant was Basil C. MacLean, M.D., New York; landscape architects were Office of W. Lee Moore, Scarsdale, N.Y.; interior decoration and furnishing consultant was Colin McLean, Chicago.

This view of Sinai Hospital, looking toward Memorial Terrace, shows how the buildings are linked.

tor and staff traffic at one end, and in generous elevator lobbies and wide corridors on the upper floors. Three elevators serve the patient and hospital traffic and two more, primarily for outpatient use, are located in the north wing.

Lines of communication have been kept as short as possible, with preference given to facilities which generate the most traffic. Food service is an example. As the article by Jane Hartman on page 124 explains, food moves in almost a straight line on the ground floor from the central loading dock, through receiving, storage, preparation, cooking and serving, to the service elevators which carry the heated and cooled tray carts to the patient floors. In addition to the main kitchen, two kosher kitchens are included for an estimated 15 per cent of patients who will prefer kosher food.

Nursing Unit

All patients' rooms are based on standard modules. A two-bed module is used in the main east-west building and a single room module in the wings extending to the south.

A few two-bed modules have been designed for de luxe private use by the substitution of baths for the typical toilet rooms. In each case a door to an adjoining room makes it pos-

(*Text Continued on Page* 82)

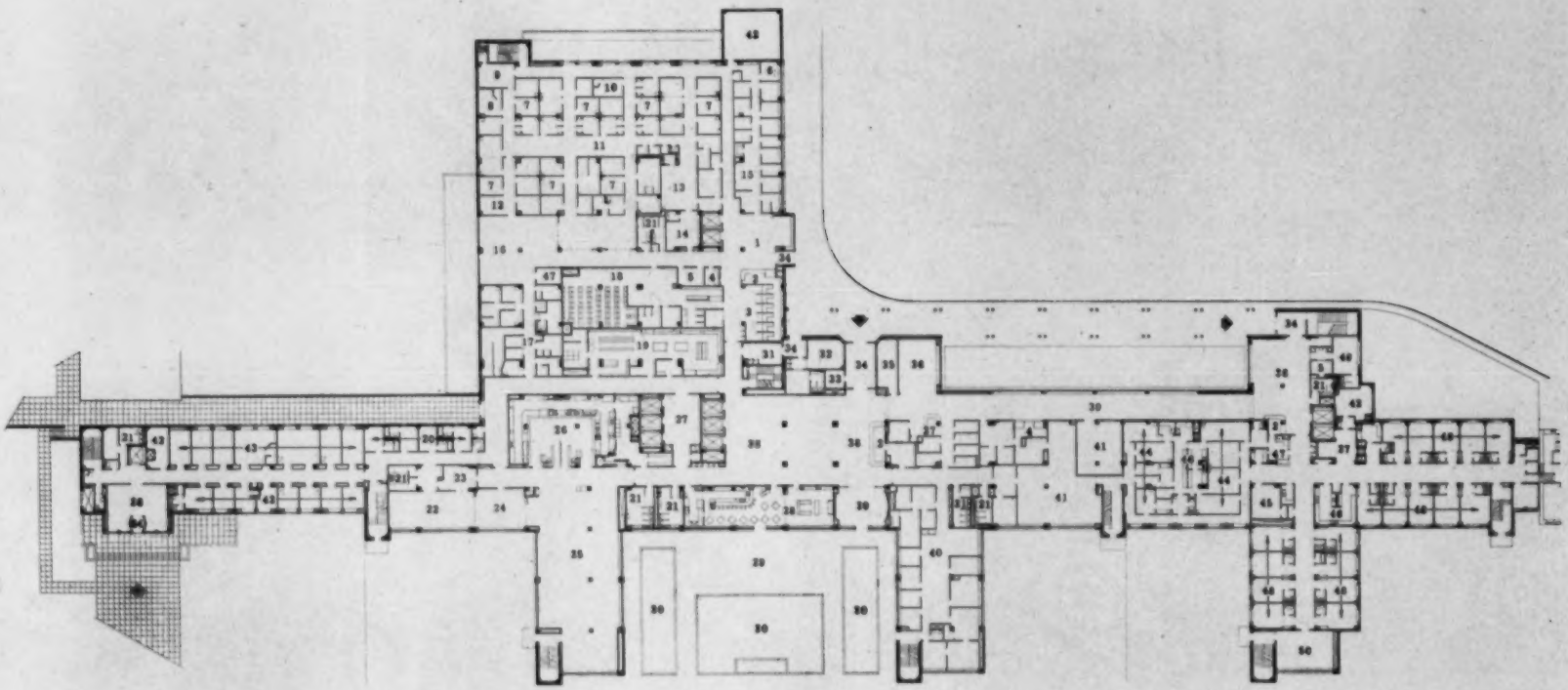
Nurses residence was designed to create a homelike environment, as evidenced by this spacious lounge on the first floor, which combines both formal and informal furniture groupings. See also photographs on cover page.

FIRST FLOOR PLAN OF NEW SINAI HOSPITAL, BALTIMORE

Relationship of the Research Building (far left), General Hospital (center), and Obstetrics-Gynecology Building is shown on this plan of the first floor.

KEY TO PLAN

1. Outpatient lobby
2. Control desk
3. Interview area
4. Cashier
5. Snack bar
6. Director OPD
7. Examination & treatment rooms
8. Fluoroscopy
9. Nurses' locker room
10. Dermatology
11. Nurses' work area
12. Psychiatric waiting room
13. Pediatric waiting room
14. Pediatric playroom
15. Social service offices
16. Outpatient waiting room
17. Multiphasic screening
18. Medical records
19. Pharmacy
20. Overnight rooms
21. Toilet
22. Private dining room
23. Pantry
24. Lounge
25. Dining area
26. Cafeteria
27. Service elevator lobby
28. Hospitality shop
29. Memorial terrace
30. Planting beds
31. Doctors' entrance
32. Doctors' lounge
33. Stretchers
34. Vestibule
35. Clergy
36. Admitting waiting
37. Admitting
38. Lobby
39. Memorial passage
40. Administration
41. Business office
42. Mechanical equipment
43. Research laboratories
44. Nurseries
45. Classroom
46. Utility
47. Nurses' station
48. Patients' rooms
49. Fathers' room
50. Solarium



RESEARCH GENERAL OB.-GYN.

Landscaping Provides Harmonious Setting for the New Sinai Hospital of Baltimore

W. Lee Moore

Over-all view of hospital shows how roads and parking area were planned to provide open lawns and gardens on south.

TEN years of planning and construction of facilities at the new Sinai Hospital in Baltimore have predetermined a development of a parklike setting for the campus of hospital buildings.

Patients, doctors, staff and visitors for the most part see the hospital grounds from the heights of the hospital rooms or from intimate areas of walks and plazas. The plazas, or visitor gathering places, have been accented with colorful foliage and flower groupings, underplanting the tree groupings, as ground cover for ease of maintenance as well as esthetics.

Sections of the hospital campus, determined early in the design (to be out of the building construction area), were planted as soon as utilities were installed underground. This procedure of planting trees ahead of construction gave from two to three years of additional growing time to maturity of plantings, and a lower budget cost, thus aiding the over-all project planting.

All concerned with this project have been fortunate in the availability of the fine mature plantings at old Mount Pleasant Hospital at Reisterstown. From here we transplanted more than 250 ornamental trees, ranging in size from 14 to 50 feet tall, to enhance the plantings of more than 440 newly purchased younger trees for the new Sinai Hospital; 13,000 evergreen plantings now complement these tree groups. The hundreds of separate varieties of trees and plants will later be identified for general visitor and garden club interest.

Parking and lighting were designed to give to each area of the hospital operation, from the ambulance and emergency traffic flow to the visitor traffic, a unity of purpose and a happy blending with the over-all plan. Parking studies revealed the need for allocating a certain volume of parking tied to the various areas and functions of both the hospital (from visiting doctors to the women's auxiliary) and the auditorium.

Soft sweeping curves were used to detail the parking bays, and grade changes were used to set parking bays at various levels, thereby relieving the commercial parking lot outlook. Both ornamental and shade trees, along with ground covers, help visually to de-emphasize the volume of parking which handles more than 1500 cars at any peak period.

Site lighting was separated into three circuits for added flexibility to meet the needs of various periods, such as dusk, early evening, and so on. The mushroom type of fixture and aluminum lighting standards were designed to take advantage of low maintenance and to give, through their fluorescent light source, a medium high lumen for safety, with low wattage and voltage load for continued low-cost operation.

The lighting diffuses a soft glow over the entire site development, which not only contributes to safety and security but gives a stagelike beauty to this large campus.

The master landscape site plan brings continuity through walks and roadways to the lawns of all the buildings of the new Sinai Hospital, including the memorial gardens and pools, and relates them to the campus. Present, past and future come together in a pleasant pattern of vibrant and hospitable surroundings. ■

Mr. Moore is a landscape architect and engineer, Office of W. Lee Moore, Scarsdale, N. Y.

Emergency department is a hospital in miniature, with surgical and medical treatment areas, x-ray unit, isolation rooms, observation room, and even a heliport

Lounge provides informal area in staff quarters. Below: Pediatric playroom maintains uncluttered look with built-ins.

(*Continued From Page 79*)

sible to use the two rooms as a suite when desired. Two single rooms are equipped for disturbed patients.

Two nursing units on each of the second through fifth floors provide a total of 319 beds. Each nursing floor has a retiring room, treatment room, and nourishment pantry. Each nursing unit has a dayroom facing south, nurses' station with toilet, doctors' laboratory and charting room, medicine closet, and utility room with clean and soiled sections separated by cabinets. The utility room originally included an autoclave, but it was omitted in keeping with the hospital's policy of centralizing all sterilizing procedures in one area.

Each patient room has a toilet and lavatory. A few have complete baths. Piped oxygen and surgical vacuum, audible-visible nurses' call, radio distribution, and telephone are available to each bed. A central TV antenna system was installed serving each of the patient rooms. One wall of each room has a large corkboard panel so the patients can pin up cards and pictures. There is a built-in wood clothes cupboard and dressing cabinet for each bed. Each room has an individual control for heat and air conditioning.

Two intensive care nursing units of four beds each are available for seriously ill patients. Each of the units occupies three two-bed modules. The pediatric nursing unit on the fifth floor has its own x-ray and treatment rooms. A separate treatment room is located in the isolation section.

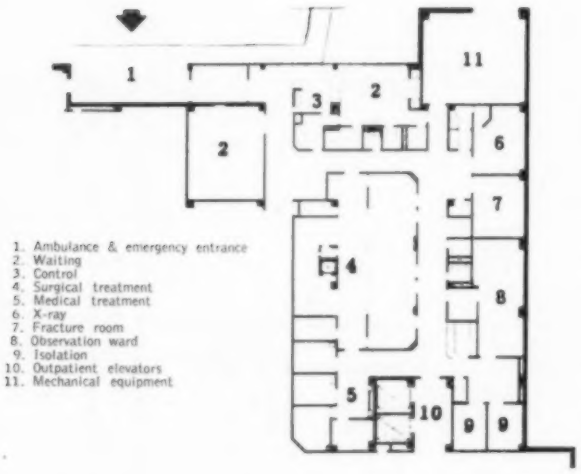
Ancillary Services

The north wing housing the ancillary services is L-shaped with double corridors in the stem section. Separation of inpatient and outpatient traffic, and of patient and staff traffic, has been achieved to a marked degree. In addition to the two outpatient elevators, two dumb-waiters provide vertical transportation for supplies; one of these is at the floor level and one is counter height.

The emergency department, on the ground floor, has an ambulance entrance on the north with automatic doors at each end of a stretcher-sized vestibule. A heliport is immediately adjacent to this entrance. The department has waiting rooms, cast-room, x-ray unit, surgical treatment area, medical treatment rooms, isolation rooms, and an observation ward.

On the first floor, the outpatient department entrance is adjacent to the main hospital entrance, convenient to parking. A screening area, social service record room, and pharmacy adjoin the large central waiting room. After they have been screened, patients are moved to a second waiting area to await a call to one of the 42 examining and treatment rooms. Except for those reserved for pediatrics and psychiatry, the rooms may be grouped into varying numbers to accommodate changing patient loads up to 100,000 visits per year.

An unusual feature of the outpatient department is the multiphasic screening unit, with facilities for dental, eye, nose and throat, and hearing examinations and routine laboratory



1. Ambulance & emergency entrance
2. Waiting
3. Control
4. Surgical treatment
5. Medical treatment
6. X-ray
7. Fracture room
8. Observation ward
9. Isolation
10. Outpatient elevators
11. Mechanical equipment

Emergency department has ambulance entrance on north with automatic doors at each end of stretcher-sized vestibule.

tests in addition to the routine chest x-ray. The unit is located so as to be easily accessible to inpatients also.

The diagnostic x-ray department on the second floor has eight rooms with patient access on the periphery. A staff corridor connects all rooms with the darkroom and wet view room, although the latter is only a vestigial symbol. After construction had started, the x-ray department was altered to permit installation of new automatic film developing and drying equipment, which delivers a finished print in six minutes and eliminates wet viewing. A large through-wall tank is used for light loads, or during shutdown of the automatic equipment.

The therapy unit consists of superficial therapy, deep therapy, and cobalt 60 rooms. The latter room is designed for a 2000 curie source.

A radioisotope laboratory and medical conference rooms are also on the second floor. Diagnostic laboratories, medical photography, blood bank, autopsy and an isotope uptake and measuring room are on the third floor of the north wing.

In the surgical suite on the fourth floor eight major operating rooms are arranged about a central work area. Patient access and anesthetizing spaces are on peripheral corridors. A minor procedure room and recovery room are also on the patient corridor. A second minor room is arranged for outpatient use, with separate entrance from the elevator lobby through a dressing room. Four cystoscopy rooms are on the west corridor of the "stem," with physical therapy on the east corridor.

The top floor of the north wing contains departmental offices, central sterile supply, central equipment room, medical library, patients' library, and locker facilities for the surgical suite. The surgical instrument room in central supply is equipped with an ultrasonic cleaner.

The central sterile supply department is arranged for the efficient processing of all sterilizing required by the hospital. Material for processing is received by cart, moves through cleanup area, workroom, sterilizing and storage in a counter-clockwise direction. The issue counter adjoins the receiving. Control office is centrally located, with a view of all areas through glazed walls. Materials are distributed by cart, but the pair of dumb-waiters in the issue area provides immediate service to emergency, outpatient department, x-ray, laboratories and the surgical work area. Combining the central equipment room with sterile supply also increases the efficiency of the unit.

Centralized Facilities

In addition to centralized food service, the medical center is equipped with pneumatic tubes and central dictating equipment. Patients' records, from the central record room adjoining the outpatient department, are transported to the various nursing units by pneumatic tube. Orders and prescriptions are also handled by pneumatic tube from a station in the pharmacy next to the record room.

Research Building

The research building has three floors of laboratories, two directly connected to patient floors in the general hospital. The ground floor is used for animal quarters (with a loading dock from the service court), animal x-ray and operating rooms. An off-center corridor on the laboratory floors provides two depths of modular laboratory space. The narrower south side is used for offices or individual projects, the north side for larger research projects. Services provided at each module are: hot and cold water, waste, laboratory waste, compressed air, and electric power in two voltages. Spares are available for future services not originally contemplated. Piped suction was omitted to avoid the possibility of contamination of the building by radioactive materials used in research.

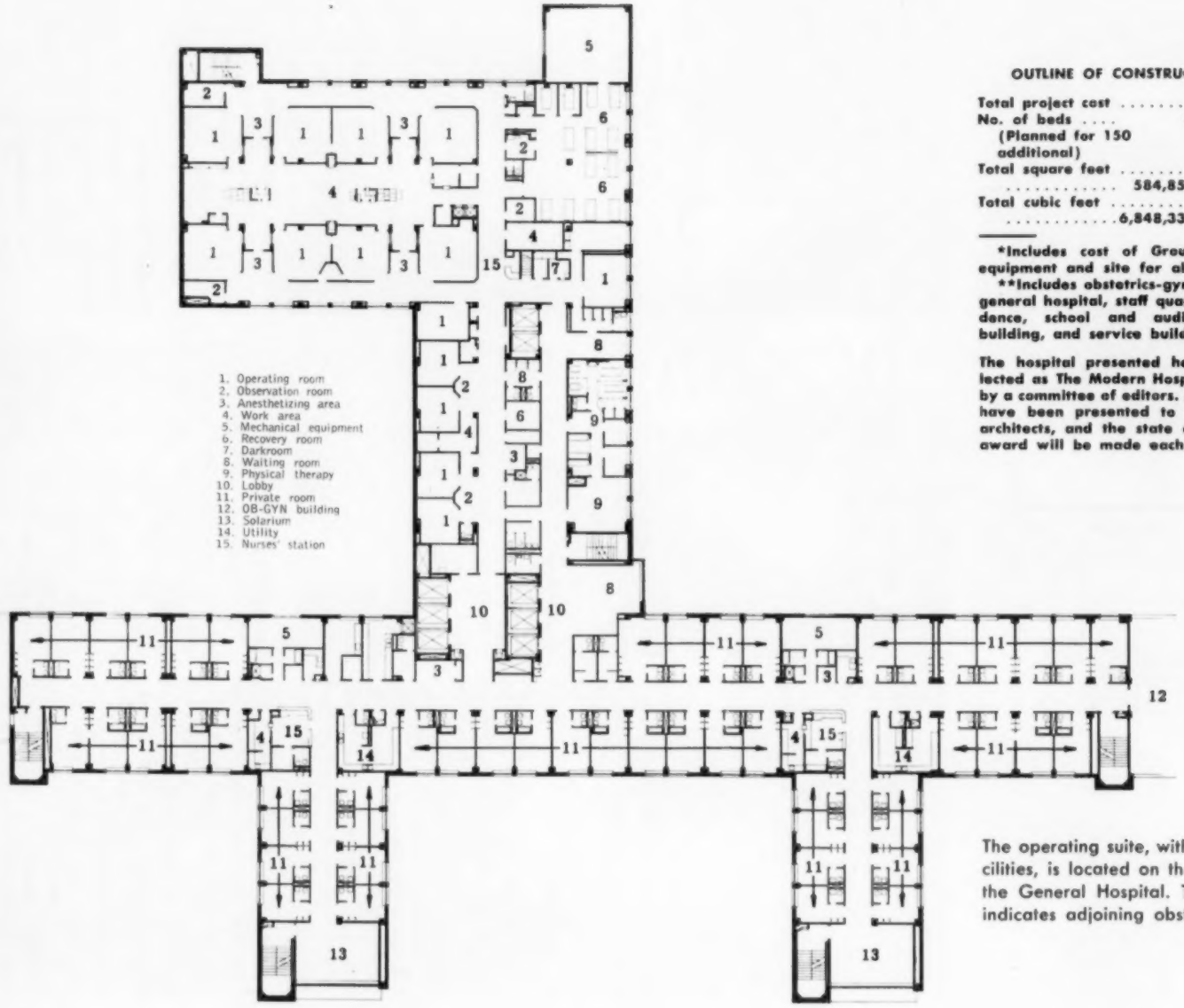
Staff Quarters

Staff overnight accommodations for 68 on-call personnel and interns consist of three floors of single rooms. Each pair of rooms shares a bathroom. There is a main lounge on the first floor and a dayroom on each floor. A tunnel at ground floor level and open passage at the first floor connect to the general hospital.

Nurses' Residence

The nurses' residence is designed to create a homelike environment for both graduate and student nurses.

(*Text Continued on Page* 150)
(*For Additional Plans and Photographs, See Next Page*)



OUTLINE OF CONSTRUCTION COSTS

Total project cost	$19,760,241*
No. of beds	423
(Planned for 150 additional)	
Total square feet	584,857**
Total cubic feet	6,848,337**

*Includes cost of Groups I, II and III equipment and site for all buildings.

**Includes obstetrics-gynecology building, general hospital, staff quarters, nurses residence, school and auditorium, research building, and service building.

The hospital presented here has been selected as The Modern Hospital of the Month by a committee of editors. Award certificates have been presented to the hospital, the architects, and the state agency. A similar award will be made each month.

The operating suite, with its ancillary facilities, is located on the fourth floor of the General Hospital. The figure "12" indicates adjoining obstetrical building.

Sinai Hospital's Long-Range Plan Showed Results in Short Order

Harvey H. Weiss

IN DECEMBER 1959, Sinai Hospital of Baltimore moved from its downtown location – where it had served the community for 92 years – to a 30 acre site 6 miles away. Within six months after the move, the hospital had approached full occupancy and the hospital is now giving the type and quality of patient service that was planned from the very beginning.

Years of careful planning have resulted in remarkable performance within a short space of time. This is a well deserved tribute to the architects and engineers who planned the hospital and the construction companies that built it.

This was pointed up by Robert H. Levi, chairman of the building committee, after a visit to the hospital. He said: "I was a bit amazed to find that the buildings were used as designed and further that the many hours of struggling on requirements, traffic flow of various types, and movement of people had paid off very handsomely. There were no instances that I could find at this time where we had made major errors. Possibly as time goes along we'll find a few, but the functioning of the structure is above my best expectations."

One of the heart-warming aspects of our experience is the community's deep interest in the hospital and its welfare. This was evidenced during the period prior to the opening when visitors were invited to tour the hospital, and has continued unabated ever since. Indeed, patients have had so many visitors and well wishers dropping in on them that visiting privileges had to be curbed to give patients the opportunity for rest.

We trust the interest and enthusiasm for the hospital continues and the hospital keeps up with progress, ever enlarging its services, so that the obligations to the community which it serves will be fulfilled. ■

Mr. Weiss is executive director, Sinai Hospital of Baltimore.

Outpatient department is on first floor, adjacent to the main hospital entrance. Shown above is the screening area. Below: Brith room is provided for ritual circumcision.

Surgeons See New Film on Wound Infection; Hear Reports on Many New Procedures

SAN FRANCISCO. — A 30 minute motion picture demonstrating the proper technic for applying and changing surgical dressings to prevent wound infection was presented for the first time at the 46th Clinical Congress of the American College of Surgeons here last month.

Entitled "I Dress the Wound," the film was produced under the direction of Dr. Carl W. Walter of the Peter Bent Brigham Hospital, Boston, and is sponsored jointly by the College, the American Hospital Association, American Medical Association, American Nurses Association, and the National League for Nursing.

Available to Hospitals

Following its premiere showing here, which was viewed by several hundred surgeons attending the Congress, the picture will be distributed by Johnson & Johnson, New Brunswick, N. J., and will be available for showing to hospital and nursing groups, it was announced. An earlier film in the series produced by Dr. Walter, "Hospital Sepsis — A Communicable Disease," has been viewed by thousands of hospital employes during the last year, it was reported.

Surgeons from all over the United States and many foreign countries came to the Congress to attend and take part in a five-day program of lectures, research reports, panel discussions, postgraduate courses, and motion picture and television clinics. Registration included more than 6000 practicing surgeons, the College reported.

Dr. I. S. Ravdin, professor of surgery at the University of Pennsylvania, Philadelphia, was elected president of the College at the annual meeting of Fellows, succeeding Dr. Owen H. Wangensteen, University of Minnesota, Minneapolis.

Reporting a novel attack on the problem of surgical wound infection, a team of surgeons from Walter Reed Army Medical Center, Washington, D.C., described a plastic isolation chamber that has been devised so that the surgical wound and underlying tissues are sealed off from the operating room environment, including the surgeon and the patient himself.

Dr. Stanley M. Levenson and his associates at Walter Reed said the plastic "isolator" had been used in animal surgery and is now ready for trial on patients. The surgical team reaches into the isolator through long-sleeved plastic gloves, they said. Instruments and supplies are inside the chamber, it was indicated.

"The isolator, containing instruments and supplies, may be sterilized with ethylene oxide or by steam under pressure, the choice depending on the type of plastic used," Dr. Levenson said. The isolator is disposable, it was indicated, and the surgeon's incision is made through the flexible plastic, which is firmly glued to the skin.

The plastic chamber might also be used to isolate patients who are particularly susceptible to infection, or to isolate patients who already have infections that may be hazardous to others, the surgeons suggested.

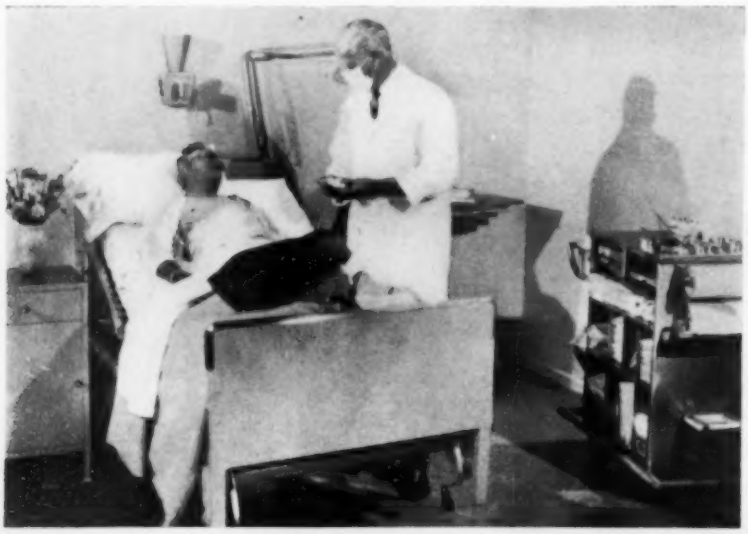
Organisms Contaminate Air

"Despite aseptic technics now practiced in hospitals, clean elective operations too commonly end in wound infections which create urgent problems for patients, surgeons and hospitals," the Walter Reed report said. "Many of these infections are caused by contaminations of the wound by exogenous pathogenic microorganisms in the environment during operations. The sources of these organisms are well known. They come mainly from the respiratory tracts of the surgical team and from circulating air and serve to make descriptions of 'operating aseptically' wishful fancies, not accomplished realities."

In another research report, surgeons from the University of California Medical Center at Los Angeles suggested that it may be possible in the future to use stored blood from hospital banks for extracorporeal circulation by the pump oxygenator in heart operations. Banked blood heretofore was rejected by surgeons because of citrate toxicity, in favor of freshly-drawn heparinized blood, they reported.

Using only freshly drawn blood, it was explained by Dr. James V. Maloney Jr., involves some quite complex procurement procedures. He stated that the 11 hospitals in Los Angeles that have heart machines have found it required 150 telephone calls to get 20 donors.

(*Continued on Page* 175)



One of the many phases of aseptic handling of postoperative surgical wounds portrayed in film, "I Dress the Wound," is this one on changing dressings.

Hospital Survey Shows:

Dispensing Machines Are Becoming Indispensable

Rise in numbers of machines installed and sales indicates that vending machines are rapidly gaining acceptance in hospitals as a means of providing 24 hour service of foods, beverages and other merchandise, this survey discloses

Jane Barton

THE stream of merchandise pouring out of vending machines in hospitals is rapidly becoming at least a junior-size torrent, judging by the 679 replies to a questionnaire survey on this subject distributed to 2000 hospitals in all parts of the country.

The 679 hospitals reported a total of 3793 vending machines in 1959, an 82 per cent increase over the 2079 machines reported for 1956.

The rise in sales between 1956 and 1959 has been commensurate with the rise in number of machines installed: Median sales in 1959 for the hospitals that reported this figure was $3047.05, as against $2268.-14 in 1956. Median profit from the machines in 1959 was $744.86.

The machine most likely to be sought, and found, by the staff and visitors is the soft drink dispenser, of which there are 1062 in the reporting hospitals, with cigarets and candy next in order of popularity.

The favorite location for vending machines is in the corridors, undoubtedly because of their accessibility to passers-by. However, considerable numbers are also located in cafeterias, employe locker rooms, waiting rooms, and nurses' and interns' quarters.

Only a handful of the respondents indicated that installation of vending machines has released employes for other duties or reduced either labor or food costs. But of those that did, one or two produced some spectacular figures: six employes released by one hospital; and savings in labor and food costs of $18,000 and $20,-000, respectively, reported by another.

Most of the 538 respondents who said Yes to the question: "Do you have merchandise vending machines of any kind in your hospital?" regard the machines as at least a partial solution to their food service problem and, in many cases, as a means of making an honest dollar on the side.

This is not true of all hospitals, of course. Of the 81 that do not now have vending machines, only 10 per cent indicated that they plan to install them within the next year. The remainder apparently feel no need for vending machines. And often hospitals in which the machines have already been installed came up with waspish comments to the effect that the machines create as many problems as they solve.

Even the strictures of "those opposed," however, offer constructive suggestions for improvement of existing installations and should be equally helpful to hospitals that do not now have any machines but are considering them.

For example, the administrator of a 100 bed hospital which has 12 vending machines of various kinds pointed out: "Hospitals are inclined to install too many vending machines. [They] should plan for vending machines in the design of the building and place them in separate rooms at fewer locations." He added that having too many candy and soft drink machines scattered around corridors where patients can get at them is "too tempting for patients on a diet."

This administrator's recommendation that food and drink vending machines be grouped in one place was echoed by several respondents. One hospital that is in the process of expanding from 200 to 400 beds explained: "We hope to open a snack bar equipped with the dispensing machines serving hot food, sandwiches, soups, desserts, hot and cold drinks." (A description of a similar installation — at Georgetown University Hospital, Washington, D. C., appears on page 88.)

Other replies in this vein were: "It is expected that we will work in the direction of using machines in cafeteria and snack bar so as to effect reduced labor costs." And: "Upon completion of an addition now under construction, all machines will be in one room." Still another respondent reported that he had recommended cafeteria vending service for a large state hospital with which he had previously been associated because "it has many advantages."

Whether or not they are entirely sold on vending machines themselves, most of the respondents who commented indicated that the auto-

(*Continued on Page* 89)

AUTOMATIC CAFE PROVIDES SERVICE IN AND OUT OF HOURS

Twelve machines in Georgetown's automatic cafe provide everything from soup to dessert

Above: Vending machines in the automatic cafe at Georgetown University Hospital, Washington, D.C., contain hot and cold foods, beverages and snacks. Below: A staff member ponders a problem as he munches his hamburger sandwich.

THIS place swarms like an anthill 23 hours a day," a department head of Georgetown University Hospital, Washington, D.C., commented regarding the automatic cafe which supplements the hospital's regular cafeteria and staff dining room. The reason it doesn't swarm the 24th hour is that twice a day the room is closed for half an hour to permit the attendant to clean it up.

The automatic cafe was installed in June 1959 to meet the needs of staff members, outpatients and visitors who seek sustenance in off-hours when the cafeteria is closed or who prefer to eat a quick lunch standing at the counter instead of going through the cafeteria line.

The unit consists of a small room adjoining the cafeteria — the only available space in the hospital — and includes 12 machines that dispense hot (freshly brewed) coffee and chocolate; hot sandwiches; cold sandwiches; salads; hot dishes, such as meat loaf and ham and eggs; milk; ice cream; pastry, candy, cookies and cigarets, and change.

Full responsibility for maintaining the machines, preparing the food, stocking the machines, and keeping the room in order is assumed by the vending machine operator. A uniformed attendant is on duty 18 hours a day, seven days a week, to make sure that the machines function properly and are fully stocked at all times.

In addition to the commissary in which "made foods" like sandwiches and hot dishes are prepared, the vending operator maintains an automatic cafeteria in his own headquarters so that new dishes can be tried out on his own employes, who are encouraged to voice their opinions of the food. They do.

All canned foods are coded as to the time they are placed in the machines, and the vending machines are checked every day to make sure that no canned item is allowed to remain for more than the prescribed shelf life of that item, usually 48 hours. If inspection of the code number on Wednesday shows that a can of soup was put in the machine on Monday, for example, it is removed and a fresh one is substituted. The commissary is inspected by the Military District of Washington to ensure that sanitary regulations are strictly adhered to.

Fresh foods are stocked every day so that there are no tired sandwiches or soggy salads left in the machines to give the unwary purchaser indigestion.

Asked how the canned and packaged foods stocked in the machines are selected, an official of the vending company explained that the customers' demands determine which brands are used. "At first, we operated on a trial and error basis," he explained. "But by now we have a pretty good idea of which brands are popular and which are not. If we find that a certain brand of soup, say, just doesn't move, we'll buy something else."

The entire automatic vending cafeteria is installed, operated and maintained by the vending company at absolutely no cost to the hospital whatsoever. In fact, the operator pays the hospital a percentage of the profits above a stipulated guarantee. Thus far, the machines have returned a profit of about four times the amount of the guarantee. This income reverts to the hospital and goes into the hospital food service department.

When the cafe was installed it was decided not to make public announcement of its existence by putting up directional signs in the lobby or elevators. So its only "advertising" was by word of mouth.

The word spread quickly, however, and now at almost any hour of the day or night one is likely to find a crowd of doctors, nurses, custodial employes, and visitors, elbow-to-elbow at the counter, amiably trading mustard and ketchup, or waiting their turn at the cold drink machines. ■

TABLE 1 — DISTRIBUTION AND LOCATION OF VENDING MACHINES BY COMMODITY

	Number of Vending Machines, by Commodity, in Various Hospital Areas						Number of Vending Machines, by Commodity, Leased or Owned	
	Employe Locker Rooms	Nurses & Interns Quarters	Cafeteria or Staff Dining Area	Gift Shop & Snack Bar	Corridors	Other (please specify)	Number Leased	Number Owned
Candy, gum, nuts	12	51	43	38	421	107	609	59
Fruits, juices	0	0	9	5	18	8	35	5
Milk	0	4	15	9	14	9	48	2
Hot beverages	3	2	17	14	94	32	144	12
Soft drinks	21	100	94	48	638	161	803	256
Sandwiches	1	0	11	4	10	6	28	0
Cookies, crackers	1	2	9	15	67	13	85	21
Hot foods, soups	0	0	6	3	6	2	16	0
Ice cream	0	2	12	10	30	13	63	4
Cigarets	8	31	62	71	418	105	627	60
Sanitary napkins	208	18	7	0	49	272	140	399
Postage stamps	1	12	9	43	96	57	135	93
Change making machines	0	1	5	3	22	6	27	9
Other (please specify)	1	2	2	2	7	4	15	2

This table shows that the largest number of vending machines is placed in corridors; soft drink, candy and gum, and cigaret machines are most widely used, and the number leased exceeds the number owned. The category "Other" in reference to the machines includes washing machines, hair driers, pastry, shoe shine, disposable tissue, and newspaper vending machines. In regard to location "Other" includes lobbies, restrooms, outpatient departments, and basement areas. (Note that the sum of leased and owned machines will not equal total added across chart because some respondents failed to indicate the numbers leased and owned.)

DISPENSING MACHINES

(*Continued From Page 87*)

matic dispensers serve a useful purpose in making snacks, beverages and cigarets available to the public and staff at times when they could not be obtained elsewhere in the hospital — or even in the neighborhood. One administrator summed up the opinion expressed by many: "We consider the machines a nuisance, but we must have them for the convenience of visitors; there is no drugstore or fountain service near by." Another, who does not regard them as a nuisance, pointed out that the machines are useful "when people are in the hospital long hours or overnight or are in a hurry." He added that cigarets sold this way "eliminate the need for a license and any loss due to pilfering when they are sold over the counter."

Two or three other answers indicated that the machines had reduced losses from pilferage — but there was one dissenting opinion. This administrator asked hopefully if there were any way "the locks on the vending machines could be inverted to make it more difficult for them to be opened by persons using vice-grip pliers." If there is, the manufacturers would probably be glad to hear about it themselves.

Of the 81 hospitals that do not now have machines, 36 per cent indicated that they have not felt any need for them — in most cases because the merchandise was readily available from other sources; 19 per cent do not consider vending machines "suitable," and 8 per cent reported that no one had ever presented the advantages of the machines to them. The remainder offered various explanations that ranged from "too small," "too cramped for space," to "don't feel we should compete with paying businesses near the hospital."

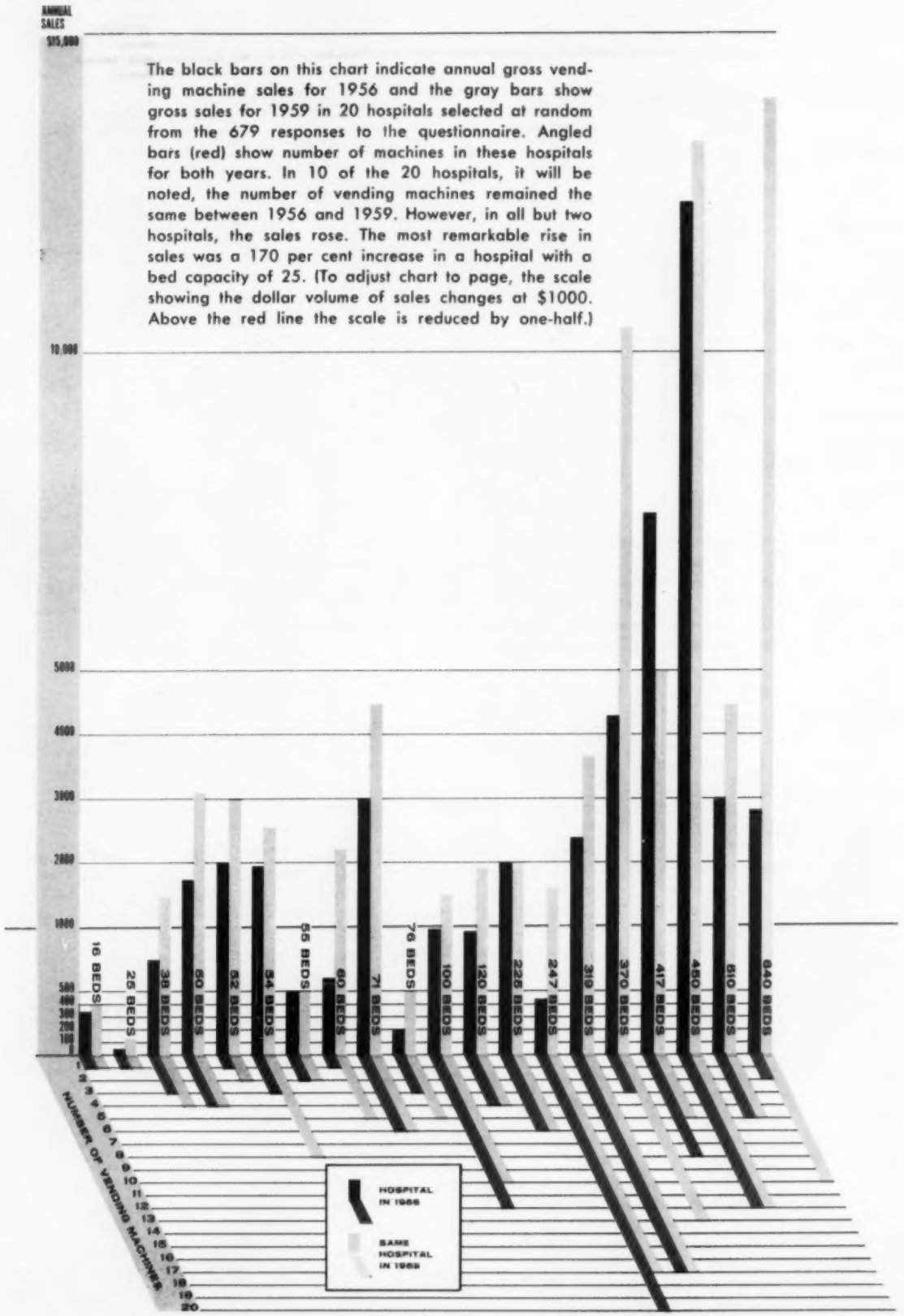
Lack of space was the reason given in several cases by hospitals that returned a negative answer to the question: "Do you plan to install any additional machines within the next year?" The No's accounted for 81 per cent of those who answered the question; the remaining 19 per cent said Yes or Maybe. Almost half of the persons who returned the questionnaire failed to answer this question — possibly because they haven't decided whether they will or won't.

Responsibility for acquiring and placing the machines devolves upon the administrator in most of the hospitals reporting. This question was divided into two sections: Who participates in decisions concerning (a) the acquisition and (b) the placement of vending machines?

In 59 per cent of the reporting hospitals, the administrator is charged with the responsibility for acquiring the machines and in 66 per cent he decides where they shall be placed. He shares these duties with others in most instances. For example, 25 per cent of the reporting hospitals said that the board of trustees participates in the acquisition of machines, while 12 per cent indicated that trustees have something to say about where the machines are located. Others who participate in these

(*Continued on Page 91*)

TABLE 2 — ANNUAL SALES AND NUMBER OF VENDING MACHINES IN 20 HOSPITALS (1956-59)



The black bars on this chart indicate annual gross vending machine sales for 1956 and the gray bars show gross sales for 1959 in 20 hospitals selected at random from the 679 responses to the questionnaire. Angled bars (red) show number of machines in these hospitals for both years. In 10 of the 20 hospitals, it will be noted, the number of vending machines remained the same between 1956 and 1959. However, in all but two hospitals, the sales rose. The most remarkable rise in sales was a 170 per cent increase in a hospital with a bed capacity of 25. (To adjust chart to page, the scale showing the dollar volume of sales changes at $1000. Above the red line the scale is reduced by one-half.)

(*Continued From Page* 89)
decisions are members of the women's auxiliary, the assistant administrator, the director of nursing, the dietitian, the maintenance engineer, and the executive housekeeper.

One way and another, the women's auxiliaries have quite a lot to do with the vending machines, although only 4 per cent of the reporting hospitals indicated that the auxiliaries participate in either the acquisition or placement of machines. For example, the same hospital that is looking for a way to keep the machines from being jimmied explains:

"Our machines are operated and controlled by the women's hospital auxiliary (at the request of our administrator and board) for the purpose of providing for employes and the general public. All profits are used for support of the auxiliary program, nursing scholarships, providing extra patient services not provided by the hospital, and recreational opportunities for employes."

Another hospital reported: "All monies received from leased vending machines are sent directly to the women's auxiliary since these machines are indirectly in competition with their gift shop and snack bar."

Maintenance Left to Dealers

Maintenance of the machines is a chore that most hospitals (73 per cent) gladly leave to the dealer-operators. In 13 per cent of the hospitals, however, the task is assigned to the maintenance department; 5 per cent leave it to housekeeping, and the remainder divide it among the food service and "other" departments. In one instance, the "other" turned out to be the secretary-bookkeeper.

Maintenance, or the lack of it, plus housekeeping hazards were the principal grounds for dissatisfaction expressed by the respondents, as follows:

"While a timesaver, they are an aggravation when leased machines become empty and are not promptly serviced."

"The machines detract from the appearance of the hospital unless a separate area is provided. They look terrible in the corridors, with one supplier trying to outdo the other to attract attention. The spillage results in a real hazard, too."

"At one time we tried a hot drink (coffee and chocolate) machine in the corridor on the patients' floor, but it did not work out well. It was usually out of order, leaked on the floor; paper cups and spoons thrown around instead of being put in a basket; so it was removed. The machines we have now are no trouble, are serviced once per week."

As the accompanying chart showing the number of machines by commodity and location in the hospital indicates, corridors are the location of choice for most machines. Among them, the responding hospitals have 1845 machines spotted around the corridors. Other areas in which vending machines are to be found are: employe locker rooms (255); nurses' and interns' quarters (297); cafeteria and dining room (310); gift shop and snack bar (265), and "other," *i.e.* lobbies, restrooms, waiting rooms, lounges, outpatient departments, and basement (795).

Soft drinks lead all the rest as far as the kind of merchandise dispensed is concerned. A total of 1062 soft drink machines was reported; cigarets and candy came out almost in a dead heat with 695 cigaret machines and 672 candy machines being reported. Other items include sanitary napkins (554 machines); postage stamps (218); hot beverages (162); cookies and crackers (107); ice cream (67); milk (51); fruit juices (40); sandwiches (32); hot foods and soup (17). Respondents also reported a total of 37 change-making machines.

Leasing Is Preferred

Whether it is better to lease machines and perhaps make a smaller profit (or none) or to own them and suffer the headaches of maintaining and stocking them seems to be a debatable point — with the odds in favor of leasing. Forty-four per cent of hospitals responding to the questionnaire lease their machines; 8 per cent own them, and 31 per cent both lease and own. Seventeen per cent of respondents failed to answer the question directly, but several pointed out that they did not consider the arrangement either a lease or ownership — but a concession. This distinction was drawn by a couple of respondents as follows:

"We do not own or lease these machines. We have contracts with vendors to supply and maintain the machines, and we receive percentage of gross sales from the vendors to cover our costs (plus small profit) for utilities and housekeeping. The arrangement, then, is more like a concession than a lease. The vendors own the machines and the merchandise."

"The hospital is not connected in any way with the vending machines themselves. We only provide the space and electricity for them. The floor space is rented on a percentage of gross sales. This arrangement is satisfactory to us as we have hardly any expense in connection with the vending machines."

Profit Motive for Owning

Higher net income was given as the best reason for owning machines by 47 per cent of hospitals that own; the next best reason — advanced by 27 per cent — is the ability to purchase and control the commodities stocked. Additional considerations were that the hospital preferred to maintain the machines; they wished to select the type or brand name, and, in several cases, the machines had been "inherited" from a previous administration.

One administrator of a hospital that both owns and leases vending machines summarized the opinion of the pro-ownership group by saying: "We plan to own and maintain our own vending machines. Our percentage of profits is very small on most machines with the leasing plan."

A completely opposite view was taken by an administrator who prefers the leasing arrangement. He stated: "Experience has proved that returns from owned machines were way out of line with the frustrations encountered."

Eliminating both the frustrations of servicing and maintaining the machines and the need for making a capital investment motivated the majority of those who prefer to lease and let the vendor worry. And there was considerable overlapping of the responses; as indicated by the fact that 82 per cent checked "elimination of servicing" and 75 per cent mentioned the capital investment factor. A small group (8 per cent) indicated that it considered the financial return from leased machines quite ade-

(*Text Continued on Page* 156)

The basic personnel forms described in this article have reduced the burden of paper work in the personnel department while permitting tighter control of records

Personnel Policies Fit Into Five Forms

David R. Jaye Jr.

A DECISION to centralize all personnel functions at Sharon General Hospital, Sharon, Pa., presented the problem of determining what records were necessary and how to maintain them.

In discussion with the department heads it was stressed that central and unified personnel procedures would eliminate unnecessary duplication as well as undesirable responsibilities, such as preemployment interviews and the necessary paper work formerly required for each employe. This explanation was accepted by all the department heads.

With the cooperation of the department heads assured, we began the process of developing forms and procedures that would satisfactorily meet our requirements. Since this was a new program we were fortunate that we would be able to devise a system that not only fit our immediate needs, but also would be flexible enough to allow for any alterations in policies and procedures later.

The personnel system which had been in effect was completely decentralized and the responsibility of each department head. We believed that the centralization of all preemployment interviews and the maintenance of all personnel records by one person would eliminate unnecessary duplication of effort and would afford the department heads more time to devote to their primary duties.

We decided on five basic forms and their completion procedures that would serve as a minimum number for the initiation of this program: (1) standard application form, (2) requisition for new employe, (3) personnel record, (4) change of status form, (5) position control card.

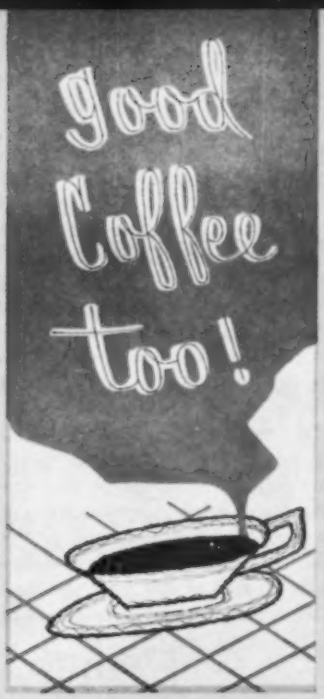
Application Was Standardized

In designing a uniform application form, we first examined samples that had been used throughout the hospital. Each department had its own requirements but, after a review of all of them, it was determined that one common application form could easily meet the needs of all departments. The format was determined from examples shown in various textbooks and sample questionnaires available from other hospitals and industries. The entries on our application form were compared with the state employment laws to make certain that we requested no information that might be contrary to existing legislation. **After consideration of all these contingent factors we were able to design an application form that complied with the state laws while at the same time gave us all the necessary information** **(see page 94).**

To centralize control over all positions open in the hospital, the second form that was instituted is a formal written request for a new employe. This is initiated by the department head and forwarded to the personnel office. This request form is used for replacement of an employe and as a request for employment to fill a newly created position. All new positions require the approval of the administrator as a check on the employment of excess personnel.

Upon receipt of the request for an employe, the personnel officer notes the position that is open and reviews the applications on file for an applicant who he believes would best fill the position. In this way the screening of applications is accomplished by one person for all departments rather than by each department head screening all applicants. The department head can make one of three possible decisions on each applicant referred to him by the personnel officer: (1) approve the applicant for employment; (2) defer his decision and request the personnel officer to refer other applicants to him for interview, (3) or disapprove the applicant for employment.

David R. Jaye Jr. is assistant administrator, Sharon General Hospital, Sharon, Pa. He has a master's degree in hospital administration from Northwestern University and served his administrative residency at Chicago Wesley Memorial Hospital, Chicago. Later he became administrative assistant at the hospital, before serving in the air force medical service corps. Mr. Jaye is a member of the American College of Hospital Administrators.



Illustrated here are three from a portfolio of attractive folders that describe specific aspects of personnel policy at San Jose Hospital. They cover such things as the cafeteria (top), holiday schedules (right) and grievances.

Through this referral procedure the department head is not burdened with interviewing all applicants and yet he retains the prerogative of interviewing as many applicants as he desires until he finds one who best meets the qualifications for the position.

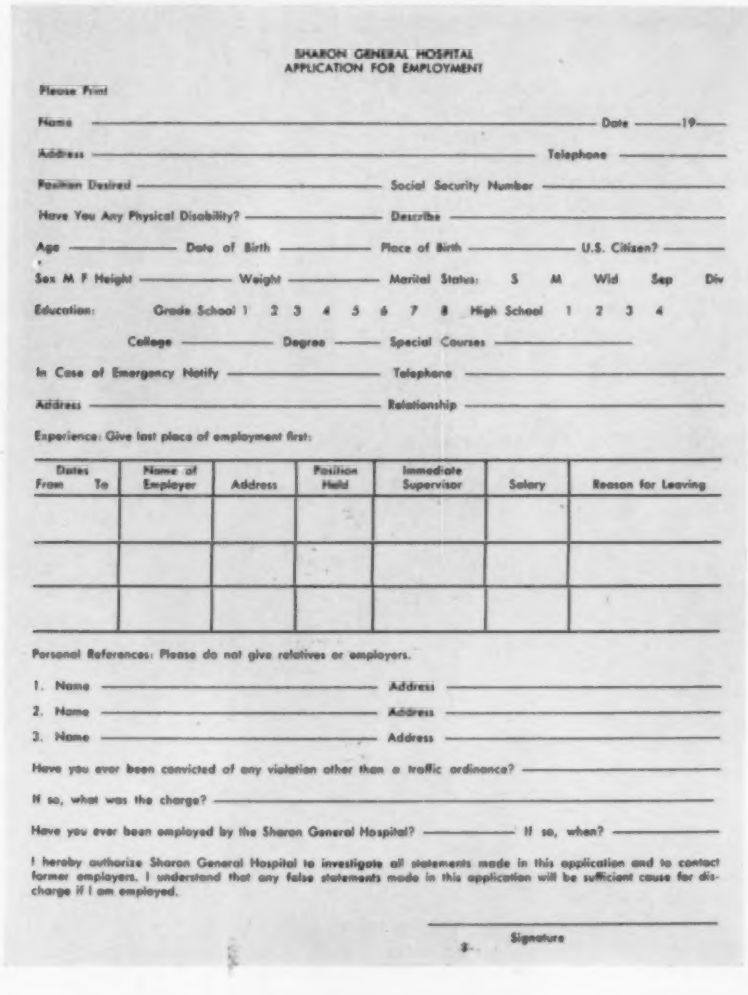
After the department head chooses the applicant he wishes to hire, the applicant is referred back to the personnel office for the completion of his payroll forms and arrangement of his preemployment physical examination. Upon completion of the physical examination and filing of the necessary payroll records, the employe is given a brief statement of the history and purpose of the hospital. Basic personnel policies are explained to him such as hours of work, conduct of employes, pay periods, vacation and sick-leave allowances, and other benefits available to him, plus any policies that might be applicable only to the position he is to fill. Orientation to the individual department was agreed to be the responsibility of the department head or his designated representative.

The third form decided upon was a comprehensive personnel record form. We wanted a card that would provide an accurate record of all changes in an employe's status, position and pay changes, vacation, sick leave, absence time, and health record. We also planned a space for merit rating on the card, as we anticipated the use of this tool of management in the future. This is tentatively planned to be established on a percentage basis and accomplished every

six months on each employe. In addition to this information, we wanted the usual personnel data on all of our employes including: name, address, telephone number, social security number, and emergency addressee. The card we designed is used in a visible file which facilitates the use of many variations of the signal system that can be used with this type of file. In the initial establishment of this system, we used signals to give us information on the date of employment and the employment status: full time, part time, temporary or permanent. The use of these signals can easily be expanded to include date of merit rating, schedule of working hours and shifts, and almost any other information required in personnel work.

The fourth form instituted under the new centralized personnel system was a change of status form. The form is arranged to record all changes in an employe's status within the organization, as well as any changes in his personal information required for our records. This form is available to all department heads and it is the responsibility of each employe to inform the department head of any personal changes such as address, telephone number, or marital status so that this information may be transmitted to the personnel department for alteration of the employe's record. The department head is responsible for submitting this change of status form to the personnel office any time there is a personal change or whenever there is a change in the person's status within the hospital organization. The transfer of a person from one position to another is normally handled in the space for work location, with a further explanation in the remarks section.

The fifth and final form considered was a position control card. We believed it necessary to keep a record of each position and the person filling that position. In this manner turnover could easily be pinpointed to any specific area and an investigation made as to the cause behind any excessive turnover. The position control cards are audited periodically and each month a report is made to the administration as to employment and separation of employes during the previous month.



SHARON GENERAL HOSPITAL
APPLICATION FOR EMPLOYMENT

Please Print

Name _____ Date _____ 19____

Address _____ Telephone _____

Position Desired _____ Social Security Number _____

Have You Any Physical Disability? _____ Describe _____

Age _____ Date of Birth _____ Place of Birth _____ U.S. Citizen? _____

Sex M F Height _____ Weight _____ Marital Status: S M Wid Sep Div

Education: Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4

College _____ Degree _____ Special Courses _____

In Case of Emergency Notify _____ Telephone _____

Address _____ Relationship _____

Experience: Give last place of employment first:

Dates From To	Name of Employer	Address	Position Held	Immediate Supervisor	Salary	Reason for Leaving

Personal References: Please do not give relatives or employers.

1. Name _____ Address _____
2. Name _____ Address _____
3. Name _____ Address _____

Have you ever been convicted of any violation other than a traffic ordinance? _____

If so, what was the charge? _____

Have you ever been employed by the Sharon General Hospital? _____ If so, when? _____

I hereby authorize Sharon General Hospital to investigate all statements made in this application and to contact former employers. I understand that any false statements made in this application will be sufficient cause for discharge if I am employed.

_____
Signature

Each department had its own application form before the reorganization program produced the uniform one shown which meets all their requirements.

Turnover Computed Annually

The turnover ratio for our purposes is computed on an annual basis and is expressed in terms of the number of replacements of that position in relation to the total number of employes. Thus if we had 2 replacements in one year for a specific position with a total personnel force of 450, the turnover ratio would be computed as being 2/450x100, or 0.44, for that specific position. We believe that any position which demonstrates a continuous turnover rate of 0.66 or above requires investigation as to the cause of this high rate. In case of superfluous turnover in any one position, a meeting of the supervisor, department head, and personnel officer is held in an attempt to determine the cause and effect of the rapid turnover. After a thorough discussion regarding the problem, the group normally reaches a decision on a solution that it believes will eliminate this undersirable situation.

The process of changing over to the centralized system of personnel procedures and records took only a short time. Within approximately three months all department heads had been properly oriented to the new policies and procedures. It proved to be most gratifying to the administration when the department heads began relying on the personnel officer to help them obtain and retain the best qualified persons. ■

The efficacy of germicidal air filters in trapping and killing pathogenic bacteria as a means of controlling infections is analyzed in this Rhode Island Hospital study

Air Treatment Helps Filter Out Infection

Raymond M. Young, Ph.D., and Arnold Porter, M.D.

THE hardiness of staphylococci complicates the already complex problem of combating hospital infections. They are not easily killed by drying or adverse conditions which kill most other bacterial pathogens. They can live for weeks in dried out body discharges of all kinds. They can be passed along in skin debris, nasal discharge, and clothes dust. If not killed or disposed of in some manner, they are spread around for an indefinite period.

The infections committee of Rhode Island Hospital, Providence, decided to conduct an experiment in the Potter Pediatric Building to determine the effectiveness of using air filtration to reduce bacterial content. Usual housekeeping procedures would be followed. The only change initiated would be air recirculation and filtration. Fresh and recirculated air in the test areas would be passed through filters made of a bonded blend of acetate fibers impregnated with a permanent germicide to kill the bacteria. The germicide consisted of a synergistic combination of bis (n-tributyl) tin oxide, salicylic acid, and a quaternary ammonium compound. Independent laboratory tests indicate that the germicide is permanently held on the filter medium.

Dr. Young is bacteriologist in the Institute of Pathology of Rhode Island Hospital, Providence, and member of the hospital's infections committee. Dr. Porter is associate surgeon at Rhode Island Hospital and chairman of the infections committee.

Test Conditions

Test Area. The second and third floors of the Potter Pediatric Building were selected for the test because the floor layouts are similar and could be conditioned readily for the experiment. Each has a central corridor from end to end, with patient rooms on one side and service, office and patient rooms on the other.

The number of the rooms on the two floors and their function are:

	2d Floor	3d Floor
Rooms with 1 bed	9	8
Rooms with 2 beds	4	1
Rooms with 4 beds	2	2
Rooms with 8 beds	1	1
Premature baby ward (cribs)	—	1
Incubator baby room	—	1
Playroom	1	—
Conference room	—	1
Service rooms	6	6
Dressing room	1	1
Offices	3	3

Sealing of Rooms. Inasmuch as the existing air conditioning system was inactive, all supply registers were covered with oil cloth and sealed with masking tape. Inactive exhaust registers were similarly sealed. Doors leading to contaminated areas were weatherstripped to reduce leakage. The existing five unit ventilators were sprayed with a germicide similar to that used in the filters. Existing filters in these units were replaced with the bactericidal synthetic fiber filters, and the outlet grilles were covered with bactericidal filter pads. This provided a double filter action in the unit ventilators.

Air Circulators Installed. Air circulators were installed in patient rooms and other appropriate areas to recirculate the air every four minutes. The circulators were equipped with bactericidal filters. In rooms that required only one circulator it was generally placed in a window and provided with a damper for proportioning the outside and recirculated air. A simplified diagram of the installation is shown in Figure 1 on the next page.

Air Flow. Air flow was planned so that air was moved away from patients' rooms to corridors and then to the outdoors through exhaust fans placed in toilet, bath or utility rooms. The effort was to maintain as much positive pressure in patient areas as possible with air moving toward less critical areas. The flow was induced to a great extent by the fact that total potential exhaust exceeded total supply, though the difference varied.

Housekeeping Procedures. No changes were made in the housekeep-

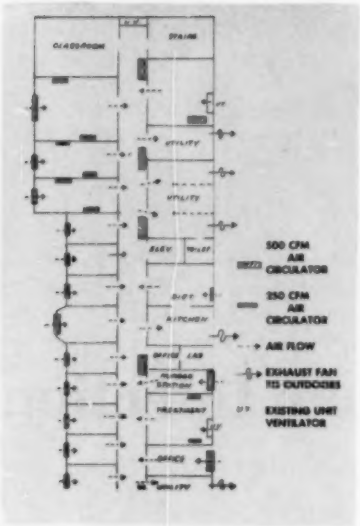


Fig. 1 shows a simplified diagram of the installation of the air circulators in the experimental area.

ing procedures during the experiment. A commercial detergent is used in floor cleaning water and a commercial phenolic compound is used in rinse water. For two years the laundry at Rhode Island Hospital has used a commercial quaternary ammonium compound for germicidal treatment of linens.

Environmental Activity. The patients on the second floor (Potter 2) ranged in age from preschool to around 12 years. Many were ambulatory, able to move and play in the rooms and corridors. There was always more environmental activity here than on Potter 3, the third floor, where the patients were infants or toddlers. There was also more traffic on the second floor by outsiders, such as visitors, personnel and repairmen.

A door at one end of this floor leads to the main building of the hospital. The third floor has no direct exit to other buildings of the hospital. Thus, much traffic for the third floor also passes through the second floor. In view of this situation, higher bacterial counts were anticipated in this area.

Bacteriological Methods. Air samples were collected on trypticase soy agar surfaces in petri dishes during an exposure period of one hour. Culturing was done during a period of increased activity by personnel, visitors and patients at approximately 3 to 4 p.m. Incubation of cultures for total count was carried out at 37 C. for 48 hours. Bacterial colonies were counted with the aid of magnification; fungus colonies were not included and presented no problem in counting bacterial colonies.

For Staphylococcus aureus counts, a special staphylococcus medium No. 110 was used in the same manner as trypticase soy agar for total counts, except that plates were held at room temperature for an additional two or three days to enhance pigment production. The bacteria were identified by colony appearance and microscopic examination of gram stained smears from individual colonies. Coagulase tests were done on all Staphylococcus aureus isolates on both treated and untreated floors during a 15 day period with daily exposures of one hour. An attempt was made to identify all organisms from both floors in order to learn what bacterial species or groups predominate.

Placement of Culture Plates in Test Areas. For each hour test period, 43 trypticase soy agar plates for total count were used on the second floor and 42 plates were used on the third floor. For the staphylococcus counts, 40 plates of the special No. 110 medium were used on each floor. The plates generally were placed in the same position in the various rooms for each hour exposure period. This was on a bedside table near the patient's bed or on a shelf on the wall about 6 feet from the floor. One plate was placed in patient rooms with one bed; two plates in rooms with more than one bed, and from one to three plates in the remaining office and service-utility rooms, depending on size. Five plates were placed on chairs or tables approximately equal distances apart along the corridor of each floor. A total of nearly 6000 culture plates was used in the study.

Tests Show That

Results

The figures in Table 1 represent the average number of colonies per plate per hour, with 42 culture plates being used on Potter 3 and 43 plates on Potter 2. The plates were taken each day, five days a week, over three-

Table 1 — Average Number of Bacteria per Plate per Hour Over a Three-Week Period

Unit	Without Air Treatment	With Air Treatment	Per Cent Reduction
Floor 2	40	12	70
Floor 3	29	12	59

Table 2 — Average Number of Staphylococcus Aureus Colonies on 40 Culture Plates When Exposed for One Hour a Day Over a 15 Day Period

Unit	Without Air Treatment	With Air Treatment	Per Cent Reduction
Floor 2	62	15	76
Floor 3	82	10	88

Bacteria Count Drops When Air Is Treated

week periods. Average counts are indicated for each floor with and without air treatment.

On Potter 2, without air treatment, the average number of colonies per plate per hour was 40. During the three-week period when the air was being treated the count dropped to an average of 12 per plate per hour. This represents a reduction in total count of 70 per cent.

On Potter 3, without air treatment, the average number of colonies per plate per hour was 29. During the three-week period when the air was being treated the count dropped to an average of 12 per plate per hour. This represents a reduction in total count of 59 per cent.

The air treatment of the two floors was reversed further to test the effectiveness of air filtration and circulation. The results of this reversal test are shown in Figure 2.

The graph shows that when air treatment was initiated on one floor, without air treatment on the other, the total bacterial count dropped markedly on the treated floor but remained elevated on the untreated floor. When air treatment on the floors was reversed, the newly treated floor showed a marked drop in total bacterial count. The floor no longer being treated showed a marked rise in total count.

It is important to note that the small drop in count on the untreated Potter 3 floor during the sixth week undoubtedly was a result of a 50 per cent reduction in patients on the floor during this week. There was less human traffic, including visitors and all those involved with patient examination and care.

Staphylococcus aureus counts of the air were carried out on both floors with and without air treatment over a 15 day period as shown in Table 2.

Without air treatment, Potter 2 showed a total daily average of 62 colonies of Staphylococcus aureus per hour on the 40 culture plates. With air treatment the plates showed a total daily average of 15. This represents a reduction of 76 per cent on the second floor during air treatment.

Without air treatment, Potter 3 showed a total daily average of 82 colonies of Staphylococcus aureus per hour on 40 culture plates. With air treatment there was a drop in count per hour on 40 plates to a total daily average of 10. This represents a reduction of 88 per cent on the third floor during air treatment.

Coagulase tests were done on Staphylococcus aureus isolates from an untreated floor to note the proportion of coagulase-positive strains to the total number isolated. Without air treatment on Potter 2, a total of 975 colonies of Staphylococcus aureus grew out on a total of 639 culture plates after daily exposure of 40 plates for a 16 day period. Of this total number, 394 (40 per cent) were coagulase-positive. The daily hour average for the floor was 61 colonies of Staphylococcus aureus, of which the coagulase-positive average was 25.

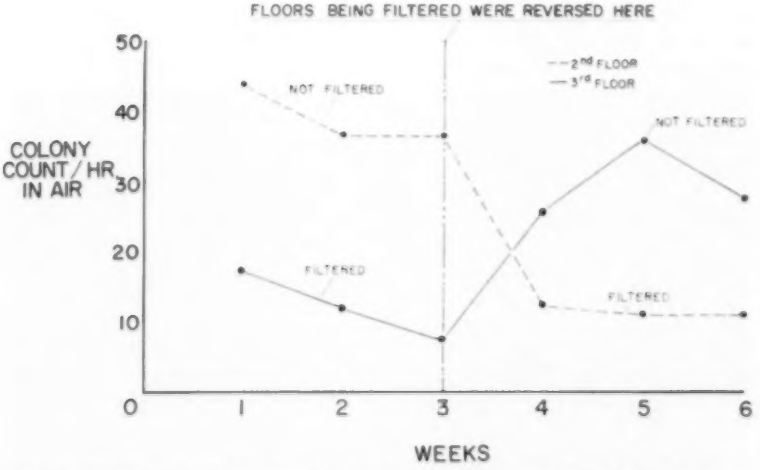


Fig. 2. When the air treatment of the two floors was reversed, the newly treated floor showed a marked drop in bacteria; untreated floor, a rise.

Infected Patients

The staphylococcal counts in this investigation reveal that patients with this organism in skin lesions disseminate large numbers to the air. This is especially true of burn patients, from whom coagulase-positive staphylococci may be isolated from the burn areas even though there may not be definite evidence of invasiveness. Daily staphylococcus counts showed that when such a patient was moved into a room that previously had a negative or low staphylococcus count, the number increased significantly.

In the course of this investigation, both total and Staphylococcus aureus counts were being made on an untreated floor to which an infant with

extensive eczematous dermatitis was admitted. The lesions were infected with a large number of coagulase-positive hemolytic Staphylococcus aureus (Fig. 3).

Room Had Low Count

The room to which the patient was admitted had a low total bacterial count with no staphylococci on the hour exposure plates on the previous day. However, after 24 hours the total count in this room was 247 on one plate about 12 feet from the patient. Of these, 200 colonies were the coagulase-positive Staphylococcus aureus strain. The second plate placed at about 20 feet from the patient showed a total count of 251, of which 172 colonies were coagulase-positive Staphylococcus aureus. These plates are shown in Figure 4. The patient responded rapidly to therapy and, as the lesions regressed, the staphylococcus count dropped markedly. By the fourth hospital day the staphylococcus count had dropped to 23 and 11 on the two plates.

It also was noted that this patient was responsible for increased staphylococcus counts in adjacent areas. On the day the count was elevated, counts in the adjacent rooms and in the corridor area in front of the door to the patient's room showed a definite rise in number. On four plates placed in the corridor about 25 to 30 feet apart, the two nearest this patient's room showed 26 and 30 colonies of coagulase-positive Staphylococcus aureus on the day of the high count. The other two plates showed 10 and 15 coagulase-positive Staphylococcus aureus colonies.

Predominant Bacterial Species

During this study efforts were made to determine the predominating bacterial species in the test areas. Identification was based on colony morphologic type, and by microscopic examination of colony by gram staining with other aids, including biochemical tests, as required.

The predominating colony type on both floors in the Potter Building was some form of gram-positive micrococcus. There were a number of other species and strains in this general group as evidenced by differences in colony morphology and appearance and in cell size, shape and arrangement. The commonest micrococcus cell type was that showing paired bean-shaped diplococci, the size of which varied from strain to strain. A large number showed the typical staphylococcus cell type with grape-like clusters of single spherical cells. These were mainly albus species, but aureus and citreus species also were demonstrated. Other micrococci included the pigmented sarcinal forms, both yellow and orange, and also Gaffyka tetragena (Micrococcus tetragenous).

In a one-day study with 43 plates of medium No. 110, 29 colonies of Staphylococcus aureus were isolated from one floor. Of these, 21 were coagulase-positive. The other floor showed 13 colonies on 41 plates, of which one was coagulase-positive. The larger count on one floor was probably influenced by a burn patient on that floor.

Nonhemolytic streptococci, including enteric streptococci, comprised a large group. No hemolytic streptococci were recovered on duplicate cultures with blood plates.

The next commonest group were the aerobic Bacillus spore-formers. These were followed by diphtheroid bacilli and gram-negative rod species. The gram-negative rod group included a few coliform bacteria, but mostly organisms commonly found in the soil. These were members of the Flavobacterium, Alcaligenes, Achromobacter, and Pseudomonas genera. Nocardia and Streptomyces species appeared in small numbers.

A small number of bacterial colony types isolated did not fall into any of the aforementioned groups.

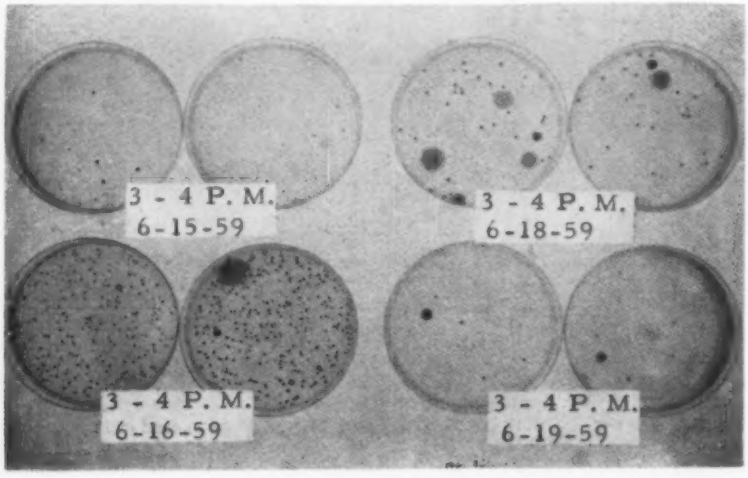
The foregoing distribution of bacterial groups is typical of the over-all distribution observed during the entire study period.

Germicidal Efficiency of Filters

Upon completion of the Potter Building study the used bactericidal filters were examined for viable bacteria.

(*Continued on Page* 152)

Fig. 3, below, represents a culture from a skin lesion having a large number of coagulase-positive hemolytic Staphylococcus aureus. Fig. 4 shows results of air culture in the patient's room over five-day period.



Hiring a Psychologist is Good Psychology

Although he is often stereotyped as a junior psychiatrist a psychologist can fill a far different role and help improve immediate and long-range hospital-patient relations

Randolph S. Thrush, Ph.D.

PSYCHOLOGISTS can aid in the operation and management of hospitals at two different levels. At one level is the search for basic, fundamental knowledge with the resulting accumulation of new information, while a second level can be characterized as making existing procedures more efficient or smoothing immediate operational difficulties. These levels are comparable to the distinctions made between basic and applied research, development and engineering, or theoretical *versus* practical problems.

The psychologist is often stereotyped as a junior psychiatrist whose work involves a couch and confessions. Some persons know him only as a psychometrician or a giver of tests, while others remember a college instructor and rat mazes. Each of these descriptions has a touch of truth, yet the training of the psychologist at the doctoral level is much broader. Likewise, the applications of psychological knowledge are varied. They range from the study of sensory deprivation on space travelers to the study of maternal needs and child rearing. The major application, however, is still the human situation; why does an individual do what he does?

In the hospital, major problems arise as a result of human interaction. Measures of hospital performance are mainly measures of human performance. The human relations aspect of hospitals will remain of prime importance for some time (automation notwithstanding).

Psychologist Can Serve Staff

Here, briefly, is a plan for improving hospital-patient relations by having a psychologist serve as a staff consultant. This is similar to the school psychology program in some states. Many large businesses and governmental agencies have learned that a psychologist is a valuable person to have on the staff. Because of his training in research methodology and hypothesis testing, he has the knowledge to plan studies dealing with many types of problems concerning human interactions. The psychologist is usually in a staff rather than a line position and, therefore, is better able to consult with various levels of authority.

To have a psychologist work directly with only a few patients may be a luxury few hospitals can afford. It is probably more efficient for the psychologist to work with the personnel who are working with the patients. Schools and industries have used psychologists to advantage in personnel training programs. In most hospitals patients are spending more and more time with the nonprofessional staff — a staff that has had almost no training in psychology. The assistance of a psychologist with inservice training programs would help both professional and nonprofessional workers enact their roles with greater efficiency.[1] I know of only one hospital, however, that has a part-time psychologist directing a staff development program.

Personnel selection is another area where considerable aid could be given.[2] The American Medical Association, for example, has a staff of psychologists working on the selection of medical school applicants. Personnel turnover and morale are corollary areas.

One of the important advantages of having the psychologist in a staff position is that the hospital workers can come to him for aid free of jeopardy. The psychologist has no administrative authority and can only suggest changes. Psychological consultants should have no ax to grind and should therefore be useful in helping to work through interpersonal problems and interprofessional rivalries.

The psychologist is trained to think in terms of a system, whether it be a

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Adapted from a paper distributed at the Management Conference for Hospital Administrators, sponsored by the United Fund and the Greater New York Hospital Association, Dec. 3, 1959, New York.

Dr. Thrush is a research associate, Ohio State University, Columbus.

Wanda McDowell, R.N., M.A., assisted in the preparation of this paper.

[1]Howland, D.: Development of the Hospital System Model. Chapter 2, Progress Report GN-4784, Part 1. Columbus, Ohio: Operations Research Group, Ohio State University, 1958.

[2]Howland, D.: Problems of Research on the Hospital System. Chapter 1, Progress Report GN-4784. Columbus, Ohio: Operations Research Group, Ohio State University, 1959.

Acting as a consultant, the psychologist can help the full-time staff become more effective

Basic Research Can Help Solve Operational Problems

What kinds of services to patients can a psychologist provide? Here are some of the ways the psychologist can help the hospital.

A psychologist could be invited to assist the nursing staff in understanding the personal dynamics of the patient as well as offering specific suggestions for nursing care.

For example, a patient had been quietly weeping intermittently since admission. She tried to be a good patient and said, "Everything is just fine," but her continued weeping contradicted this. The medical and nursing staff were aware of her depression, but felt that a psychiatric consultation was not indicated at the time. No one invested sufficient time to ascertain her emotional problems, since her physical problems did not warrant intensive medical-nursing care.

In short-term hospitals, psychological measurement of patients could be made available as needed.

In hospitals for the chronically ill and in rehabilitation settings, psychologists have functioned in a more or less traditional role. Assessment of mental, physical and emotional factors aid the staff in evaluating the patient and in establishing a remedial or alternative program.

A psychologist can work with the hospital staff to improve hospital-patient communications.

Several internists had told me that they had considerable difficulty controlling the medical regimen of patients after a patient left the hospital. A particular disease entity (diabetes) was selected and a study of the information given to patients and the patient's comprehension of that material was instituted to find ways it might be improved.

A psychologist could help admitting officials identify problems and aid in the institution of alternative admission procedures.

One patient came to the admitting office to enter the hospital for elective surgery. He had no hospital insurance, but an excellent credit rating (unknown to the admitting clerk). He was asked for a $100 deposit and his signature on a promissory note. A payment plan was to be agreed upon. Even if a patient realizes that hospitals are dependent upon income, he will still be disturbed by these methods. Emergency admissions often present a similar problem with even more psychological trauma heaped on the physical distress.

The psychologist might work with the administrators to recommend that patients and their families be informed of certain discharge procedures.

Many times ill will is engendered by the parking situation. The patient's family is frequently unaware of the amount of time necessary to get a patient discharged, and cannot understand why it is necessary to park the car five blocks from the hospital and walk.

biological system made up of interacting bones, muscles and nerves, or a social system comprised of clans or different ethnic groups. A hospital is a system replete with dangers of suboptimization, *e.g.* housekeeping could be organized so efficiently as to interfere with other departments, and personal empire building – both inimical to over-all efficiency and smooth operation. A decision maker or manager should be concerned with the total organization[3] under his direction and should invite information that will help to reduce the ambiguity that contributes to the difficulty of decision making.

Along with competence in analyzing systems, most psychologists have training in statistics and data reduction. Statistical tests can tell whether the recent demand for certain supplies was a random fluctuation or an actual change in supply usage. They might also tell trends in the use of linen or in the number of patients leaving the hospital against medical advice. Progressive managers realize the importance of looking inside the organization and establishing base rate figures for a variety of common operations. For many of these problem situations, psychologists can help to phrase questions in answerable terms. A psychologist could also aid in the design of experiments as well as conduct or direct hospital research.

These are some of the roles that the psychologist can play that may indirectly improve hospital-patient relations. There are things that he can do directly with or for patients and still maintain his consulting role. This role is always to help the regular staff maximize its own effectiveness. In this capacity he might, for example, be on call at specified times to help with patient problems.

The public relations aspect of di-

[3]Hitch, C.: Suboptimization in Operations Research. J. Oper. Res. Soc. Amer., 1:67, 1953.

rect action upon patient problems is tremendous. If hospitals could identify patient problems as they arise (and of course deal with them effectively), they might eliminate much trauma and unpleasantness. Patients would leave the hospital with a more positive opinion of the care they received and a more favorable image of the hospital.

There is also immediate feedback from the immediate investigation of specific patient problems that might show general areas that could be improved. For example, a particular ward or unit might have considerable employe turnover or patient resistance, indicating a need to look further into the problem.

Much aid could be given to patients about to undergo surgery. Not only is there the need to relieve the many fears present,[4] but patients also need accurate information to make realistic plans for the future. For example, one patient who was about to have a laryngotomy was terrified that he would be unable to communicate with his blind wife. When it was demonstrated by a member of the Lost Chord club that he could relearn to talk following surgery, his fears were eased.

Psychologists have made important contributions to rehabilitation with patients who need help in readjusting to their environment. A man who is unable to continue with his usual life work, and who has been unsuccessful in finding acceptable opportunities, is truly a pitiable creature. He needs help to develop alternative solutions for the problems he faces.

Hospital educational programs usually leave much to be desired. Many times the patient's relatives don't know the procedures or steps required to obtain the patient's release. Is the patient who is to have her eyes refracted going to be in terrible pain? Or should the man who was told to "take it easy" finally get out of bed? Patient education and information is one of the most important areas of patient care. I think psychology can help with most of the many problems of hospital communication. The psychology of learning and the comprehensive findings of educational psychology would be of value in implementing better educational technics.

Many of these functions of the psychologist are already being handled by various staff members. For example, social workers may be perfectly competent to perform certain kinds of exit counseling. Patient teaching is an important function of nursing. Physicians are coming to see the importance of emotional as well as psychological needs, and it is possible that an effective chaplain could help to solve many patient problems. Also, administrators probably know more about inventory control than most psychologists. Nevertheless, most hospitals could benefit from the kind of relations and interaction with psychology that have been mentioned in this paper.

There are, of course, limitations to the approach presented here. Any single psychologist will hardly possess all of the talents mentioned. He would be familiar, however, with the technics of psychology and could consult with others to fill the gaps in his own knowledge. There are only a limited number of individuals who have either the background or interest for a job of this nature. Hospitals will need to attract social scientists to help with problems in the health fields and recruit and educate individuals from existing health personnel. Not all hospitals, however, will need a full-time psychologist. For most hospitals, psychological service could be obtained on a part-time or consulting basis. ■

What a Psychologist Can Do To Help the Hospital

History shows that the greatest gains come from basic research. In order to have the knowledge, methods and technics to solve specific applied problems, fundamental research is absolutely essential. As many who are concerned with the management of hospitals know, basic research relevant to the operation of health facilities has been sadly neglected, while there has been considerable pressure for immediately applicable results.

To know how a hospital heals; to know the tasks or functions (along with the criteria of performance) required of a hospital; to know the interaction among patient ambiguity, anxiety and information; or to have measurement scales for the pertinent variables of hospital management are all basic research problems. To understand scientifically and realistically the complex social organization called a "hospital" may be our most immediate and significant problem.

If we had today more of the knowledge that basic research supplies, many of the present operational problems would be solved, for results from basic research represent a savings account of knowledge to be drawn upon as needed.

[4]Janis, Irving L.: Psychological Stress. New York: Wiley, 1958.

Doctors at Riverside Hospital, Toledo, explore such subjects as Austen's "Emma" and quantum theory in a series of seminars

These Doctors Get Culture in a Capsule

K. A. Pedersen

Dr. Ernest W. Gray, chairman of the department of English, Toledo University, discusses Jane Austen's "Emma" and evokes some humor with a description of Emma's technics in trapping men. Below: The discussion continues informally in recreation room as refreshments are served during a break in the lecture before discussion period.

CULTURE in concentrated doses is provided by Riverside Hospital, Toledo, Ohio, in what it considers a new concept of postgraduate medical education. **The purpose of the liberal arts seminar is to provide a broader cultural base for the hospital's physicians, whose education often has been highly specialized.**

The idea for the program was evolved by Dr. H. A. Poneman, chief of staff of the hospital, and developed in conjunction with officials of the University of Toledo, which jointly presents the program. Instructors for the seminar are from the university.

The beginning series of this continuing seminar, which began in February, consisted of 16 lectures. These 16 sections were divided into four series of lectures on history, physics, psychology and literature. Content of the lectures ranged from quantum theory to Jane Austen's "Emma," and included:

History: Meaning, philosophy and traditional periods in western history; growth of ideas in the west (two parts), and history of the idea of "one world."

Physics: Foundations of classical physics; Einstein's special theory of relativity and its implications; introduction to atomic structure, and introduction to nuclear physics.

Psychology: Frame of reference; physiological intervention in organismic processes; application to computers and automata, and social and ethical considerations.

Literature: Concepts and misconceptions about literature; the novel

Mr. Pedersen is associate administrator of Riverside Hospital, Toledo, Ohio.

and ethics; the novel and society, and the novel and art.

Each lecture lasted for an hour to an hour and a half, followed by a coffee break. After the break there was a question-and-answer or discussion period which lasted from an hour to an hour and a half.

Not only did the intern and professional staffs show high interest in the programs, but many brought their wives and guests to the lectures. In addition, other members of the hospital professional and administrative staff attended the lectures.

The series also stirred considerable interest outside of the hospital. Several representatives of local industry asked to attend the sessions. They were thoroughly impressed and have expressed the hope that similar programs might be instituted in their own organizations.

The University of Toledo has also received letters from other colleges that are interested in such a program.

Responses to a questionnaire distributed to those attending the lectures indicated that the majority thought the program should be continued and expanded into other fields.

Cost of the program was shared by the board of trustees and the medical staff, each paying $400.

Many of those who had attended only a few of the sessions indicated that they would have liked to have attended more. So for the second series the time of the lectures is being changed in the hope of accommodating more people.

The next series, starting this fall, consists of philosophy, arts, sociology and music. ■

Both the Press and the Community Laud Program

RIVERSIDE HOSPITAL plans to initiate what shapes up as the most ambitious experiment in liberal arts, to say the least.

The hospital, in cooperation with the University of Toledo, will present what it describes as a liberal arts seminar for its physicians and interns consisting, in the initial series, of four lectures by four University of Toledo professors.

Behind the program, the hospital explains, is an effort to reacquaint the busy medical man with some of the basic ideas and relationships between science, the social sciences and the humanities, "thus enabling him to better understand himself, the community, and the world."

As a refresher course in culture, administered in such concentrated doses, the Riverside-University of Toledo program will require a lot of effort both on the part of the teachers and the students. **To impart or reawaken a feeling for the arts and humanities — something colleges find hard to do successfully in four years in many cases — within the limits of 16 lectures is an assignment of some scope.**

But if the seminar, which is planned as a continued series covering 30 meetings a year, once it gets going, succeeds only partially in opening up new vistas for the physicians and interns beyond their own immediate fields, it will be well worth the effort. — *Reprinted from an editorial in the Toledo Blade.*

Study of Classics Gives Doctors Better Perspective

THERE is a genuine value in the type of program such as we had at Riverside Hospital last year in the continuing seminar in arts and sciences for physicians. To date, when the scientific world is in a state of active ferment with new discoveries, new ideas and new philosophies being born at an accelerated pace, we in the various specialized professions must pause occasionally in order to create a better perspective of contemporary living.

There must be further consolidation of ideas as they apply to each of us in our professions and generally in our lives. The program such as we had served to reorient us in certain aspects of the liberal arts and many of us felt a new appreciation for history, literature and so on, from the vantage point of reexperience which we have gained in our maturation since leaving undergraduate and graduate school.

The seminar in physics enabled us to get a glimpse of contemporary developments in this dynamic field and made us wonder if there should not be, somehow, a greater ability to blend the disciplines of medicine and the physical sciences to create new great discoveries. As a matter of fact, as an outgrowth of this series a group of us, including doctors of medicine, the professor of engineering physics at the university, the chief of fundamental research at one of our large industries here in Toledo and some of his staff, including some specialists in thermodynamics and solid state physics, hope to have informal sessions this year. In these meetings we can pose certain problems we have in medicine and invite possible avenues of thought in adapting certain physical technics in solving these medical problems. — H. A. PONEMAN, M.D., *chief of staff, Riverside Hospital*

ABOUT PEOPLE

Administrators

Virgil W. Nelson has been appointed executive director of North Shore Hospital, Winnetka, Ill. Mr. Nelson is a graduate of Augustana College, Rock Island, Ill., and for the last 11 years he has been executive director of Lutheran General and Deaconess hospitals, Chicago. Mr. Nelson is a fellow in the American College of Hospital Administrators.

Harold L. Peterson, administrator, Baroness Erlanger, T. C. Thompson Children's, and Carver Memorial hospitals, Chattanooga, Tenn., will return this month after a six-month leave of absence. Mr. Peterson has been hospital administration consultant to the government of Venezuela. **Richard M. Warren** has been acting administrator in his absence.

Harold Peterson

John M. Shaw has been appointed administrator of Children's Hospital of Toledo, Ohio, succeeding **Harold B. Burr.** Mr. Shaw's resignation from Naples Community Hospital, Naples, Fla., was announced in the October issue of The MODERN HOSPITAL. He is a graduate of Washington University and a member of the American College of Hospital Administrators. **Jack Kindig** has been named to Mr. Shaw's position at Naples.

David D. Boyd has been named administrator of Monadnock Community Hospital, Peterborough, N.H., succeeding **Harold S. Fuller,** whose retirement becomes effective this month. Mr. Boyd has been a member of the administrative staff of Mary Hitchcock Memorial Hospital, Hanover, N.H., since 1956. He is a graduate of the University of Vermont and the Yale University course in hospital administration.

Joseph H. James Jr. has become administrator of Wayne County Memorial Hospital, Goldsboro, N. C. He was formerly administrator of Southside Community Hospital, Farmville, Va.

Theodore Last has been appointed administrator of Inglis House, Philadelphia. A graduate of the School of Public Health and Administrative Medicine, Columbia University, Mr. Last was formerly affiliated with Associated Hospital Service of Philadelphia (Blue Cross).

John Nelson has been appointed to the post of assistant director, Metropolitan Hospital, Detroit. Mr. Nelson was formerly assistant director of Jefferson Medical College, Philadelphia. He is a graduate of Buffalo University and received a master's degree in hospital administration from Columbia University.

David DeBacker has accepted the directorship of Gulf Coast Medical Foundation, Wharton, Tex., and will administer its 75 bed community hospital now under construction. Mr. DeBacker was formerly associate administrator, St. Joseph's Hospital, Fort Worth, Tex.

Edwin R. Johns has been appointed assistant administrator and controller, Robert B. Brigham Hospital, Boston. He was previously with New York Medical College, Flower and Fifth Avenue Hospitals, New York, as assistant to the president for business administration.

Joseph F. Morrison Jr. has been named administrative assistant of Baptist Hospital of Southeast Texas, Beaumont. Mr. Morrison was formerly with Baptist Memorial Hospital, San Antonio, Tex.

Marc D. Atkinson is the new administrator of Flagstaff Hospital, Flagstaff, Ariz., succeeding **Doyle Taylor,** who resigned.

Sister Mary Fidelma has been transferred from St. Joseph's Hospital, Houston, Tex., to St. Bernadine's Hospital, San Bernardino, Calif.

Cecile Tracy Spry, R.N., has retired after completing 30 years as administrator of General Hospital of Everett, Everett, Wash. She will be succeeded by **Alfred Muller Jr.,** who has been the assistant administrator since 1957. Mr. Muller received his master's degree in hospital administration from the University of California.

Russell Shawver has been named administrator of the Boulder Sanitarium and Hospital, Boulder, Colo. Mr. Shawver, formerly assistant administrator, White Memorial Hospital, Los Angeles, is a graduate of the University of Chicago course in hospital administration. **Earle D. Case** has been appointed successor to Mr. Shawver at White Memorial.

Richard A. McFarland has become administrator of Flow Memorial Hospital, Denton, Tex. Mr. McFarland was previously assistant director of Barnes Hospital, St. Louis. He received his master's degree in hospital administration from Washington University, St. Louis.

Ivan H. Corner Jr. has been named administrator of Bozeman Deaconess Hospital, Bozeman, Mont. He was formerly at Doctors Hospital, Cleveland Heights, Ohio, and is a graduate of the Northwestern program in hospital administration.

C. M. Robbins has been appointed administrator of McCray Memorial Hospital, Kendallville, Ind. Mr. Robbins was formerly business manager and administrative assistant at McCray. He is a graduate of Columbia University's program in hospital administration.

John J. Whalen, assistant manager of the Canandaigua Veterans Administration Hospital, Canandaigua, N. Y., has been appointed manager of the Sunmount V. A. Hospital, Sunmount, N. Y. Mr. Whalen is a graduate of Columbia University and is a member of the American College of Hospital Administrators.

John J. Whalen

Dr. Warren Muhlfelder, former clinical director of Harrisburg State Hospital, Harrisburg, Pa., has assumed the post of acting superintendent of Hollidaysburg State Hospital, Hollidaysburg, Pa.

Ethel B. Clark has been promoted to assistant administrator of Methodist-Episcopal Hospital, Philadelphia.

(*Continued on Page* 182)

Lehn & Fink
PROFESSIONAL DIVISION

staph newsletter

NINTH OF A SERIES WITH SIGNIFICANT SUGGESTIONS FOR CONTROLLING CROSS INFECTIONS

EACH day my mail reminds me again of how worldwide are the problems of controlling spread of hospital infections, particularly staph. Whether the letter is from an O. R. supervisor in Iran, from a hospital administrator in Venezuela, a government bacteriologist in Japan, or the chief of surgery who heads the infections committee in an Ohio hospital—the thing they want to know is "just what do we do and how?" The wide variety of applications and the simplicity of using Amphyl®, O-syl®, and Lysol® disinfectants, and our combined detergent-disinfectant Tergisyl®, allow us to supply easy-to-use instructions on any one of them. Now, in addition, we have a new approach to infection control in areas hard to reach or to drench with usual forms of disinfectants which we're looking forward to telling you about.

It's our new form of Amphyl®—Amphyl® Spray Disinfectant and Deodorant. Amphyl Spray is especially formulated for spot disinfecting and air deodorizing. In an attractive 16-ounce aerosol can, it can be kept handily available in patient rooms, at dressing stations, in utility rooms, in outpatient areas, and with routine housekeeping supplies. Its uses as a spot disinfectant are many. When spills of infectious material are obvious, it can be used immediately to stop spread of organisms around the hospital. Door handles, light switches, telephones, and other surfaces continuously exposed to contamination by contact or air can be spot disinfected frequently and easily by applying Amphyl Spray for 2 or 3 seconds until the surface is uniformly wet. Real problem areas, such as underneath operating room tables, all through the bed springs, and around cart wheels, can be reached with spray-on Amphyl.

As a quick acting deodorant, Amphyl Spray refreshes the air of burn units, cancer dressing and patient rooms, and other areas where malodorous wounds are being treated or offensive odors may linger. We've found so many circumstances under which it may be used effectively, either as a space deodorant or spot disinfectant, that we hope you will send for our new folder describing Amphyl Spray more fully in both its important jobs.

At the "Infections in Hospitals" panel session at the A.H.A. meeting in San Francisco, Dr. Russell Alexander, Chief of the Surveillance Section of the USPH-HEW Communicable Disease Center, had some interesting things to say about the use of infections data reported to the Infections Committee. He recognized the importance of the alarm function of the reporting system but emphasized the necessity for a thorough and continuous review and analysis of individual cases as related to over-all hospital infections statistics. In this way, Dr. Alexander has found, the hospital can get at the core of its own particular infections problems and tailor the infections control program to fit its own particular type of community, patient, and hospital. We took lots of notes, so if you would like to read more of Dr. Alexander's comments, please let me know.

Have you tried the new formulation of our Tergisyl® detergent-disinfectant yet? The recommended dilution for regular cleaning and disinfecting is an economical 1:100. This is a real labor-saving product that can be depended upon for its wide microbicidal activity—not only staphylocidal, but also pseudomonacidal, tuberculocidal, and fungicidal. Detergency is excellent, labor saving is quickly evident and new lower cost is worth inquiring about.

Bacteriologic study of 41 patients at the University of Minnesota Hospitals with shock due to superimposed infection reveals that in 30 of these sepsis was due to the gram-negative coliform-pseudomonas-proteus group. The mortality rate was 70%; 21 of the 30 patients died. Escherichia coli, the commonest cause of infection, was isolated from 17 of the 30. Dr. Wesley W. Spink, author of the report in the September, 1960, issue of the Archives of Internal Medicine observes, "One of the commonest causes of bacterial invasion is catheterization of the urinary bladder. Within 12 hours of this procedure a patient can exhibit a chill with a rise in fever."

As you know, many of the newest types of catheters, like those of polyethylene, cannot be autoclaved. Dependable broad spectrum disinfection is important and is possible with L&F O-syl®. Do it this way. Use 2% O-syl solution. Place "dirty" catheters directly in O-syl. Then fill 10 to 20 cc. syringe with the O-syl, attach large gauge needle, and flush catheter thoroughly to remove organic matter and prevent clogging. Again immerse catheters in a clean container filled with a fresh solution of 2% O-syl and allow to soak for 15 minutes. Flush out with O-syl filled syringe several times during soak. Drain and immerse in 70% alcohol for 60 seconds. Remove and wrap in sterile towel. O-syl is highly effective against Escherichia coli, Pseudomonas aeruginosa, and Proteus—as well as Staphylococci and Tubercle bacilli.

In our first Staph Newsletter we quoted what Dr. Warren E. Wheeler, Department of Pediatrics, Ohio State University, had to say (Pediatrics, 23: 977, 1950) about what constitutes a staph epidemic in a nursery. We think you'll find a new article by Dr. Wheeler on "Infections and Nursery Problems" in the June, 1960, issue of the A.M.A. Journal of Diseases of Children of extreme interest. His assumption is that infections in the newborn period are preventable . . . then he points out in detail the active measures which must be carried out by the nursing staff. Prominent among his recommendations are that necessary items of nursery equipment, such as scales, resuscitation equipment, etc., "be placed under routine bacteriologic check for satisfactory decontamination".

Have you a particularly baffling contamination control problem on which we might help? Our research laboratories and technical advisors will be glad to work with you, and I, personally, hope you will ask us. Please let me hear from you.

Charles F. Manz
General Sales Manager
Professional Division

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One-Pint Transfusions May Not Be Worth the Risk

In many cases, the odds are too great to justify the use of blood and the patient would be safer if he were denied transfusion, especially if it involves only one pint

Robert S. Myers, M.D.

IN 1959, approximately 5 million pints of blood were given by transfusion to patients in the continental United States. This represents a vast amount of time, effort and money on the part of the patient, the public, the medical profession, and hospitals.

It also represents a considerable danger to the recipients of these 5 million transfusions; for, even under the best auspices, blood transfusion carries a certain and significant risk from hemolysis of the red blood cells, from cardiac overload, from gross bacterial contamination, from air embolus or from infectious hepatitis. Although no exact and valid figures are available concerning this risk, estimates of the national mortality rate from transfusion vary from 1 death in 1000 transfusions to 1 death in 5000 transfusions. Certainly, this is a small risk for patients to take in emergencies when blood is an absolute essential for the preservation of life, such as in severe or relentless hemorrhage. In such cases, the gallon is preferable to the gill, and blood should be used promptly and freely.

But there are numerous instances in which the odds are too great to justify the use of blood, and in which the patient would be safer if he were denied transfusion. These are mainly the one-pint-of-blood transfusions, the indications for which are increasingly being questioned by the medical profession. Examples of these transfusions by the gill are the medical transfusions which are prescribed as a tonic and the surgical transfusions given routinely to patients undergoing surgery. Here the anticipated benefits of transfusion are not great enough to justify its risk.

Actually, the evidence is that a

(*Continued on Page* 109)

Dr. Myers is executive assistant director of the American College of Surgeons, Chicago.

Table 1 — Blood Utilization in Specific Surgical Operations in 89 Hospitals, January-June 1959

Operation	Number of Discharges	With Transfusions		Pints of Blood Utilized					
				Number			Per Cent*		
		Number	Per Cent	1	2	3+	1	2	3+
Thyroidectomy	1,449	104	7.2	79	17	8	76.0	16.3	7.7
Hysterectomy	5,530	2,468	44.6	1,367	575	526	55.4	23.3	21.3
Cholecystectomy	4,419	602	13.6	394	118	90	65.4	19.6	15.0
Primary appendectomy	4,946	62	1.3	40	10	12	64.5	16.1	19.4
Dilation & curettage	9,824	989	10.1	450	307	232	45.5	31.0	23.5
TOTAL	26,168	4,225	16.1	2,330	1,027	868	55.1	24.3	20.6

*Per cent based upon the number receiving transfusions

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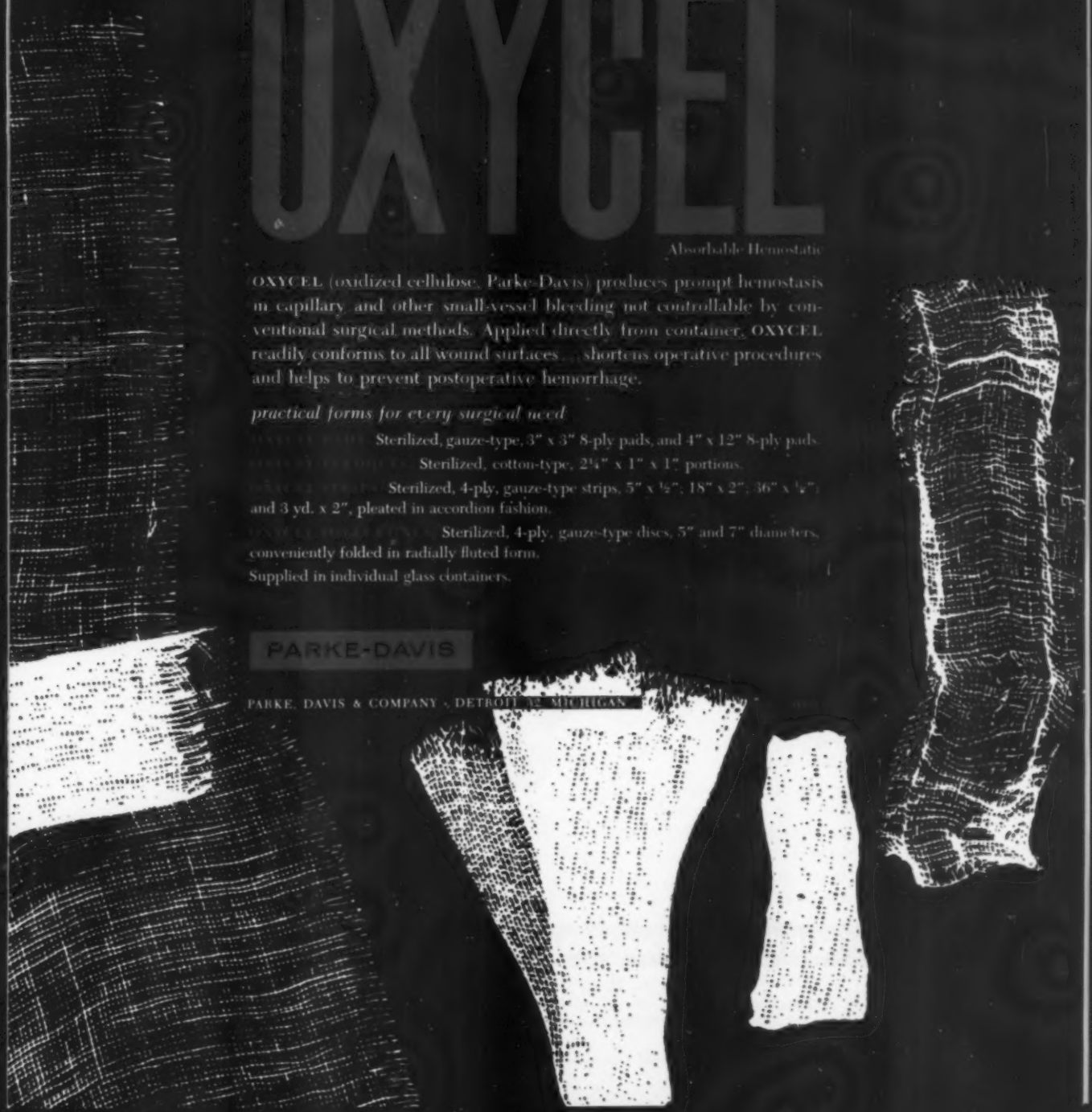

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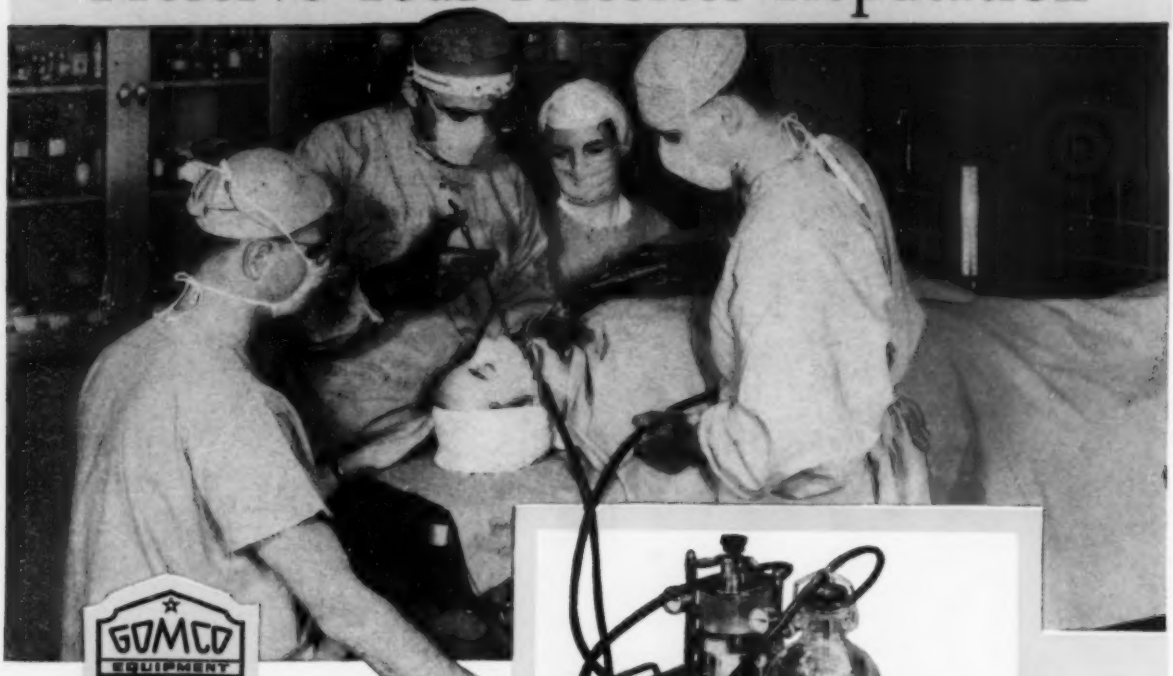

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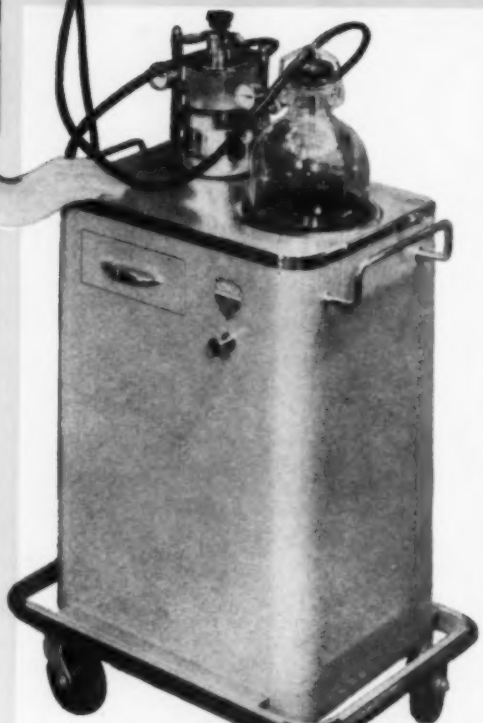

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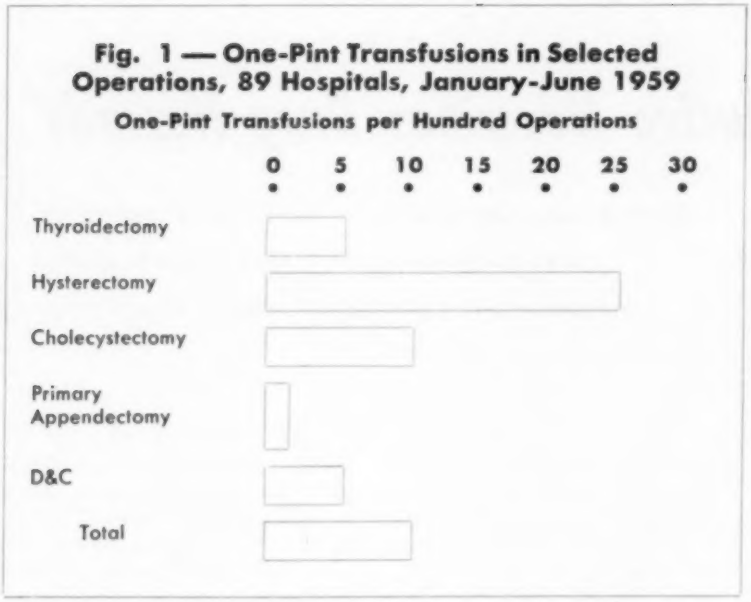
Fig. 1 — One-Pint Transfusions in Selected Operations, 89 Hospitals, January-June 1959



(*Continued From Page* 106)

patient with a normal blood volume can safely lose as much as 10 to 15 per cent of his blood volume. In an individual weighing 155 pounds, this loss would amount to 490 to 735 ml. In one weighing 88 pounds, this would be 240 to 360 ml. If the hemoglobin level rather than blood volume is used as the criterion of blood need, studies indicate that a concentration of 7 grams of hemoglobin per 100 ml. is sufficient for tissue oxygenation for most situations during surgery[1] and that concentration of 10 grams at the start of surgery provides adequate leeway.[2] It has also been stated that a preoperative patient with a hemoglobin concentration of 11 grams is usually safer in donating a pint of blood than in receiving one.[2]

The routine use of blood transfusions to replace anticipated blood loss would seem, therefore, to be irrational and dangerous in patients who come to operation with adequate blood volumes and hemoglobin levels and who suffer no unusual blood loss during surgery. Certainly, in the past, before blood was so plentiful and so readily available, patients in good condition had uneventful and normal postoperative courses without transfusions, following uncomplicated surgery. Transfusions were the exception rather than the rule, and the one-pint-of-blood routine was almost unknown. This is not so today; the record shows that blood transfusions have become an amazingly frequent form of therapy in operations which usually do not occasion much blood loss, and of the total transfusions given, the majority are one pint of blood only.

This is shown by statistics (Table 1) which are taken from the Professional Activity Study of the Commission on Professional and Hospital Activities, Ann Arbor, Mich., and which show the use of blood in selected surgical operations in 89 hospitals during the first six months of 1959. These hospitals are located in both rural and urban areas in 20 different states; they vary in size from 26 to 641 beds; 81 of these are accredited by the Joint Commission on Accreditation of Hospitals; eight are not; 47 have neither interns nor residents, and 42 have approved training programs. Although it is admittedly a very small sample, this group of 89 hospitals, most of which are typical community hospitals, is representative of hospitals in this country.

Of particular interest is the high percentage of patients receiving blood transfusions in all of the operations in Table 1, with the exception of appendectomy. This is particularly true of hysterectomy where 2468 patients, or 45 per cent of the total of 5530, were transfused. Even more significant is the fact that of these 2468 patients, 1367, or 55 per cent, received only one pint of blood. This is an incidence of almost 25 one-pint transfusions per hundred hysterectomies (Fig. 1).

It is hard to believe that there were adequate indications for so many patients undergoing hysterectomy to require blood transfusion; and the fact that 55 per cent of those transfused received only one pint of blood suggests that many of these transfusions were not necessary. Actually, we know this to be so in some of the hospitals in this particular study, for their patients are routinely given one pint of blood after hysterectomy, even though they have adequate blood volumes and normal hemoglobin concentrations. The theory of the surgeons in these hospitals is that any patient undergoing hysterectomy loses about one pint of blood, which should be replaced by transfusion. This practice is difficult to understand, for it not only subjects patients to the risk of transfusion reactions, it is also wasteful of blood. If this same theory of blood replacement was carried to its logical conclusion, then every normal human giving a pint of blood should receive an equal amount of blood from some other donor. Years of experience with millions of donors have proved the fallacy of this theory.

This is not to say that one pint of blood is never indicated in the treatment of patients. Obviously, there are occasions when transfusion of a single pint of blood may obviate the need for a second pint by bringing the patient's condition to the point where measures other than blood may suffice. But the dangers of transfusion cannot be denied, and the recuperative powers of humans should not be overlooked. Blood is precious and should be reserved for emergencies when it is needed.

Medical staffs of hospitals should review the indications for blood transfusion and should reduce the number of these given needlessly. The place to start is with transfusions by the gill. ■

[1]Crosby, W. H.: Misuse of Blood Transfusion. Blood 13:1198 1958.

[2]Allen, F. H. Jr.: Minimizing Transfusion Risks. N.E.J.M. 18:273 (June-July) 1960.

Pharmacy Executive Describes Drug Hazards

Speaker warns against assuming that so-called equivalents are actually equivalent; urges hospitals to specify procedures giving physicians the right to choose drugs

COLUMBIA, S.C. — Prescribing and dispensing drugs by generic instead of brand names can be hazardous because there is no assurance that "generic equivalents" are actually equivalent, a pharmacy executive said here last month.

Speaking at a joint district meeting of the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy, William E. Woods, assistant to the executive vice president of the National Pharmaceutical Council, said: "Many people are concerned because too few hospital spokesmen point out the dangers in assuming that so-called equivalents *are* equivalent."

William E. Woods

Mr. Woods said some hospital pharmacists have told him they were satisfied with drugs bearing the "U.S.P." label, even when the manufacturer was unknown to them.

"Hospitals, pharmacists, physicians and the public should be informed that 'U.S.P.' on a drug label does not mean that the drug has been analyzed to determine if it actually meets U.S.P. standards, since the United States Pharmacopeia office has no police power whatever," Mr. Woods declared.

However, he added, the National Pharmaceutical Council is not campaigning against generic name prescribing.

"While the N.P.C. obviously does not intend to encourage a program of generic name prescribing, it is not campaigning to prevent such a program, because we think that prescribing is the physician's business and no one should interfere with this right," he said.

Some hospital spokesmen have charged that the council equates generic dispensing with dispensing inferior drugs, Mr. Woods reported. "There has never been an attempt by anyone in industry to say that all hospitals are dispensing inferior drugs, for they certainly are not," he explained. "The real public health problem is whether all pharmacists realize the danger in assuming equivalency."

Approximately 5000 of the nation's 115,000 licensed pharmacists work in hospitals, Mr. Woods reported. Yet only half the hospitals employ phar-

Scientists' Committee Recommends Tighter Control of Prescription Drugs by F.D.A.

WASHINGTON, D.C. — The Food and Drug Administration should be authorized to require proof of the efficacy as well as the safety of new prescription drugs, a committee of the National Academy of Sciences recommended last month.

Appointed by Secretary Arthur S. Flemming of the Department of Health, Education and Welfare to review F.D.A. operations in the light of charges against the prescription drug industry by the Senate subcommittee on antitrust and monopoly, the National Academy of Sciences committee recommended legislation to strengthen the Food and Drug Act and establish regulatory authority over a wide range of drug industry activities.

The committee report included these recommendations:

1. Manufacturers should be required to maintain records and submit reports of clinical experience with new prescription drugs for final evaluation by F.D.A.
2. Certification of all antibiotics should be required.
3. Factory inspection procedures should be improved to make certain all drugs are manufactured under adequate control systems.
4. Information for physicians on new drugs should be accurate and complete in every respect.
5. Labeling, promotional material, and advertising of prescription drugs should be more closely supervised, with regulations now shared by F.D.A., the Federal Trade Commission, and the Post Office Department coordinated in a single agency.
6. An advisory group of scientific and technical experts should be established.

The National Academy of Sciences committee reported that it found no evidence that F.D.A. had "disregarded the public health" in any decisions on new drugs, including antibiotics, in the last 10 years, as charged by the Senate subcommittee headed by Senator Kefauver (D.-Tenn.). ■

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macists, and only 15 per cent of hospitals with less than 100 beds have pharmacists, either full or part time.

"These 3500 hospitals without pharmacists need some kind of assistance from pharmacy," Mr. Woods said.

"They must be willing to accept assistance from retail pharmacists and supervision by boards of pharmacy. These hospitals will cooperate with colleges of pharmacy in developing hospital pharmacy training."

The pharmaceutical industry is proud of the prestige and recognition hospital pharmacists have brought to the pharmacy profession, Mr. Woods said. But the industry is concerned about "certain practices and problems," he added.

"Leaders in hospital pharmacy and hospital administration have issued in the past months many forthright declarations of policy, including operational standards," Mr. Woods declared in an obvious reference to the joint policy statement on hospital formulary practice approved last summer by the American Society of Hospital Pharmacists and the American Hospital Association, which, however, he did not identify by name.

"Such joint statements affecting all phases of pharmacy will no doubt be reviewed for many months by leaders in other areas who are just as interested in the welfare of the profession and the public and just as free of economic pressures and interests as hospital administrators, purchasing agents, and hospital pharmacists," he continued.

"No conscientious professional man can be critical of efforts to improve standards and to develop policy and principles for guidance of a profession. However, extreme caution should be the by-word in the formulation and promulgation of such standards. "Since pharmacy standards for hospitals tend to affect all phases of pharmacy, it might behoove all branches of pharmacy to advise and counsel on such standards prior to their widespread distribution. For instance, would it be proper for standards concerning the physician's prescribing rights and the manufacturer's products to be given countrywide newspaper distribution and circulation prior to approval by, or discussion with, such physicians and manufacturers?"

Again without specifying any occasion, the speaker was apparently referring to newspaper and professional journal reports that followed approval by the American Hospital Association and American Society of Hospital Pharmacists of the statement of hospital formulary principles, which recommended use of generic names in prescribing and dispensing drugs in hospitals.

Contrary to statements that have been made by some hospital spokesmen, physicians do not uniformly approve the use of generic names, Mr. Woods said. "I don't deny that some physicians have no complaint," he acknowledged. "Perhaps this is so because of the way many good hospital pharmacies are operated."

However, Mr. Woods added, some physicians had reacted unfavorably when asked to comment on a formulary procedure that permitted only generic name prescribing. The doctors named these reasons for their objections, he reported:

1. It limits the physician's choice of medicine and treatment of his patients.
2. A doctor should be able to

(*Continued on Page* 115)

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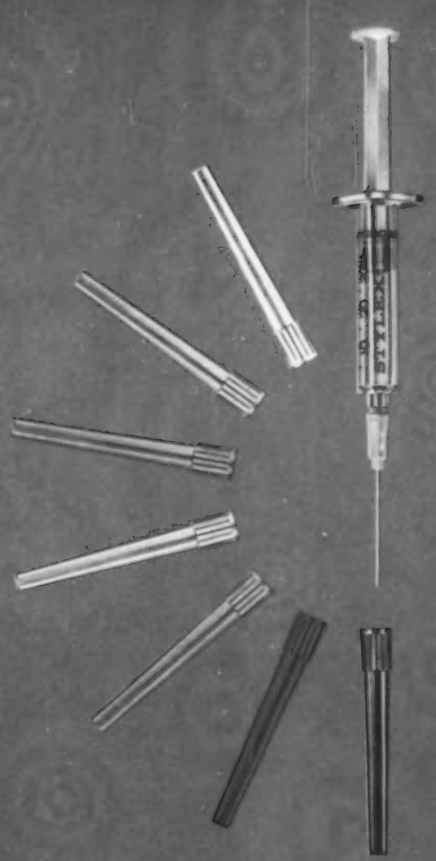

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(*Continued From Page* 112)

procure a certain drug without interference from hospital officials.

3. Restricts the physician too much in his treatment of the patient.

4. Too dogmatic.

5. New drugs are constantly coming out, and the formulary system does not keep up with them.

A hospital formulary is not objectionable, in the council view, as long as it provides a procedure by means of which the physician can obtain any drug he wants for a patient, Mr. Woods explained.

(A procedure for ordering nonformulary drugs is described in a legal interpretation of the A.H.A.-A.S.H.P. statement of guiding principles on the operation of the hospital formulary system, but not in the statement itself.)

"Most hospitals are not equipped to analyze many of today's potent drugs and determine whether the drug prescribed and the so-called generic equivalent drug proposed for substitution are in fact equivalent, either chemically or pharmacologically," Mr. Woods said. "If a physician does not care which of the so-called generic equivalents is dispensed, he certainly may prescribe by generic name instead of by brand name."

Widespread use of generic names, however, might encourage substandard manufacture and increase, instead of diminishing, confusion over drug identity, Mr. Woods warned. He quoted a recent address by Robert J. Gillespie, president of the National Association of Boards of Pharmacy, who said:

"If the various proposals to extend the use of generic names should be seriously accepted by the profession, and some effort is made to implement these proposals, we can, as enforcement officials, expect a mushrooming of these submarginal operators with the eventual result that we shall return to those days of chaos when drugs rarely met prescribed standards and adulteration was the rule rather than the exception. Public confidence in the drug industry might well be completely shaken. This could spell the end of private initiative in the drug field and bring us all under a regimented system of state or national medicine."

Mr. Woods concluded with a few suggestions for improving hospital pharmacy practice:

1. All hospitals should provide the brand of drug a physician wants. If the physician does not care which brand is dispensed, this is his prerogative, but he should be told exactly what to do in order to assure his patient's getting a particular brand if he wants it.

2. Since it is doubtful there are any truly generic equivalent drugs, hospitals should be discouraged from telling physicians that generic equivalents will be dispensed.

3. Hospitals, pharmacists, physicians and the public should be informed that "U.S.P." on a drug label does not mean that the drug has been analyzed to determine if it actually meets U.S.P. standards.

4. A pharmacy and therapeutics committee can carefully analyze and evaluate literature and clinical evidence on a particular brand of drug and find that results may vary if another brand is stocked.

5. A very grave danger to the patient could result from failure of a hospital to note on the prescription or hospital chart the brand of drug dispensed. ■

Age of Nurse Helps Determine Her Attitude Toward Patients

Joan S. Dodge, Ph.D.

DO NURSES change in their feelings about patient care because of their own increasing age and experience? This question is one of the many being investigated at the Sloan Institute for Hospital Administration in connection with a study of the relations between nurses' and doctors' attitudes toward patients and their performance of patient care functions.

The present analysis investigated the differences in nurses' feelings about the importance of giving psychological support to the patient. We asked whether nurses of different ages hold the same attitudes toward this aspect of care or whether there are systematic differences associated with age.

The questionnaire used in this study included questions concerning nurses' attitudes toward themselves, their patients, and patient care. Attitudes toward the importance of psychological care were inferred from responses to the following items:

1. Nurses should show sympathy when patients are in pain or uncomfortable.
2. Nurses should be friendly to their patients.
3. Nurses should spend time cheering patients up when they feel blue.

Subjects answered these questions by checking one of five alternative responses ranging from *very important* to *unimportant*.

Subjects taking part in this analysis were 116 male and female registered nurses, licensed practical nurses, and nurse's aides working in a 314 bed hospital for the aged and chronically ill. They were divided into five age groups, each with a 10 year span. All levels of personnel were represented in each age group, and also both sexes. The average response for each age group was calculated. The results appear in Table 1. The percentage of subjects who saw psychological care as important (either "one of the most important things for a nurse to do" or "pretty important, although not as important as some things") was also calculated for each age group.

The most obvious finding is that a substantial majority of nurses in all age groups favored giving psychological support to patients. In addition, both mean and percentage scores reveal some interesting differences related to age. Nurses in the 20 to 29 year age group saw psychological care as being less important than did any of the other groups. The first peak in importance occurred among the 30 to 39 year group. This then dropped among the 40's and 50's, before rising to its highest point in the 60 to 69 year age group. The over-all analysis of these data (by chi-square) indicated that the differences were larger than would be expected by chance alone (significant at the 5 per cent level). In individual comparisons the 20 to 29 year age group differed significantly from the 30 to 39 and 60 to 69 year groups. In addition, the 40 to 49 and 50 to 59 year groups were significantly different from the 60 to 69 year group.

Why do these differences in opinions of the importance of psychological care occur? It is conceivable that the expression of a relatively low level of importance by the 20 to 29 year old nurses reflects the fact that they are closer to their professional training – that they stress technical skills rather than the psychological aspects of care. On the other hand, it must be remembered that this was a hospital for the chronically ill and aged. (Average patient age was in the 70's.) Conceivably, it may be difficult for the young to sympathize with those so different from themselves. Witness the significant rise in belief as to the importance of psychological care when the 60's are reached. The older nurse may see herself and her patients as being quite similar and thus appreciate the patients' needs for cheering up, friendliness and so forth.

While these findings are only tentative, and are restricted to this type of hospital situation, they hold some interesting suggestions. If attitudes toward psychological care are consistently found to be related to age, this may be a factor in the high turnover rates among young nurses. It may also suggest ways of suiting nursing personnel to patient needs more effectively. ■

TABLE 1—AGE OF NURSES AND ATTITUDES TOWARD PSYCHOLOGICAL CARE

Age	Number Responding	Average Response*	Per Cent Checking High Importance
20-29	16	9.3	75
30-39	10	10.7	90
40-49	33	9.8	81
50-59	38	9.8	83
60-69	19	10.7	95

*The higher the number the more favorable the attitude.

Table shows number in each age group who responded to the three attitude items, average response, and per cent who checked them "high importance."

This study is being supported by a research grant (GN-6041) from the National Institutes of Health, Department of Health, Education, and Welfare.

The author is a social psychologist on the research staff of the Sloan Institute of Hospital Administration, which is part of the Graduate School of Business and Public Administration at Cornell University. The author wishes to thank James Beaudry and Elizabeth Keiley for their help with the computations.

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1. Smessaert, Andre; Collins, V. J., and Kracum, V. D.: *New York J. Med.* 55:1587, June 1, 1955.
2. Banyai, A. L.: *Geriatrics* 14:621, Oct., 1959.

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Young Doctors Should Be Told Ground Rules of the Profession

By Robert S. Myers, M.D.

A SOURCE of considerable disillusionment and frustration for the young doctor is the discovery that he is caged by numerous restrictive rules and regulations when he starts his private practice. In all likelihood, he did not realize that most hospitals specify the qualifications of physicians admitted to privileges, particularly in surgery. Moreover, he did not know that a period of observation and supervision is usually required for any new staff member, regardless of his qualifications.

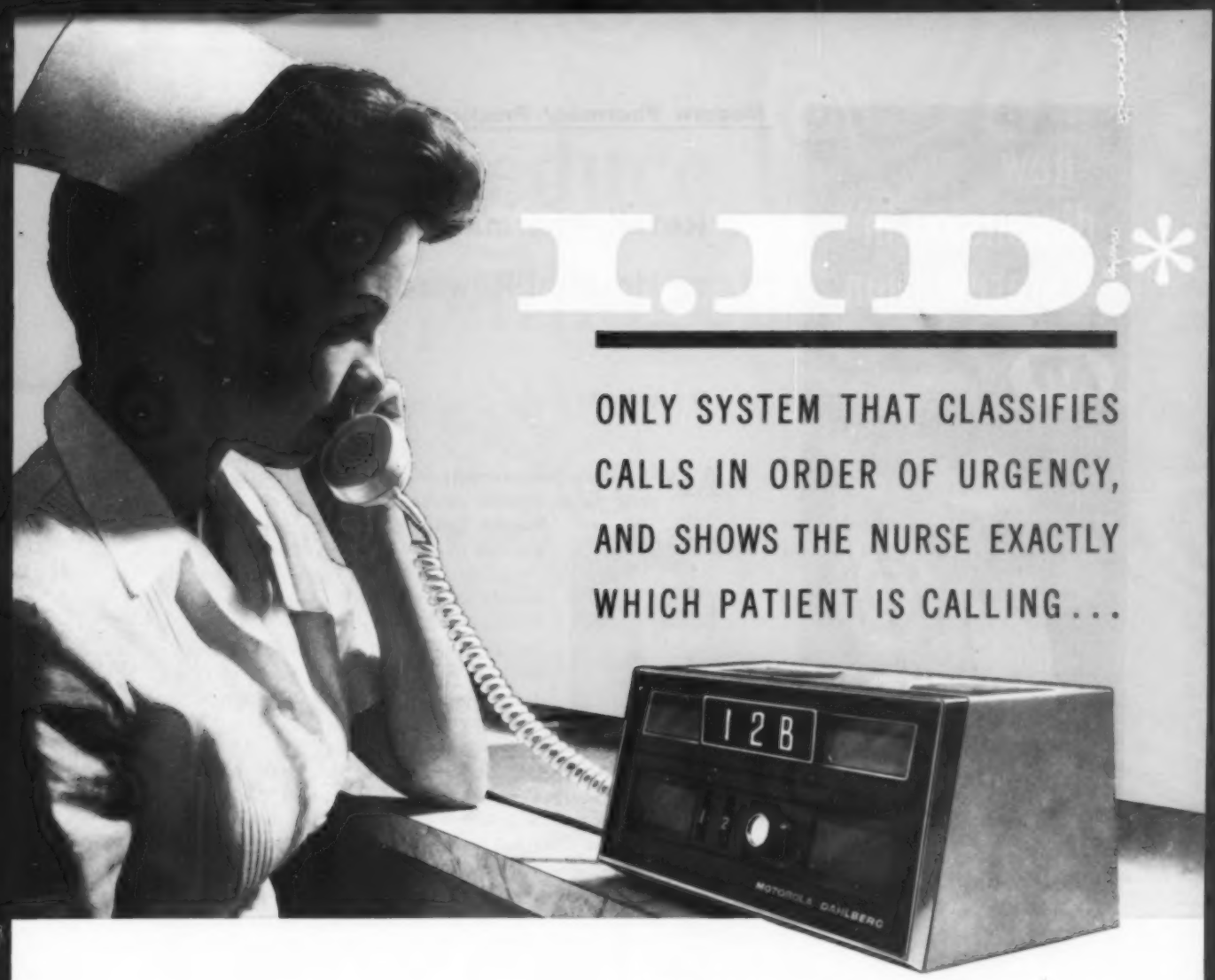
Dr. Robert S. Myers

Furthermore, he was probably unaware that a record committee would criticize his medical charts, that a tissue committee would evaluate his surgery, that an audit committee would assess his treatment, that a pharmacy committee would designate the drugs he could use, that a credentials committee would determine annually his continuing appointment, and that an executive committee would penalize him for various infractions of hospital practice, ranging from fee-splitting to neglect of patients.

The truth is, and it is unfortunate that young doctors are not informed earlier in their career, the medical profession has voluntarily surrounded itself with rigid rules and regulations designed solely to protect the welfare and safety of the patient, and the profession expects its members to obey these rules. In this respect, the medical profession is unique, for no other profession, business, trade or occupation has undertaken a voluntary police action of a like nature to ensure the protection of the public. Do committees of lawyers regularly examine, criticize and rate the daily work of lawyers generally throughout the country? Do businessmen review their competitors' monthly accounts with the intent to make them conform? Is the work of the plumber or the carpenter scrutinized by their peers in the same way that doctors check upon their colleagues on hospital staffs? The answers are all "no." Other professions, businesses, trades and occupations may have codes of ethics or regulations imposed by law. Medicine has these also, but medicine provides its own continuous police action at the local level, and this is what distinguishes it from all the others.

Someone should inform the young doctor of these facts when he enters medical school, and his education in this respect should be continued throughout his undergraduate and his graduate training. This would enable him to prepare himself properly for his life's work, and it would also help reduce much of his resentment toward his established colleagues on the medical staff of the hospital when he comes up against the rules that they have established.

This is a job for the medical educators. They should inform the student about trends in practice. They should tell him about qualifications for specialty privileges. They should make known the weight of the Joint Commission on Accreditation of Hospitals and of the minimum standards it has established. In short, let the educators tell the student about the ground rules which will determine how he practices his profession. In baseball, this is done before each game; in medicine, it is done rarely. ■



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Retail Pharmacist Finds Service to Hospital Rewarding Experience

Grover Bowles Jr.

MOST hospital administrators are convinced of the need for adequate pharmaceutical service, regardless of the size of the hospital. Today it is common practice for small hospitals to obtain the services of a local retail pharmacist on a part-time basis. More frequently than not, the Suggested Principles of Relationship Between Smaller Hospitals and Part-Time Pharmacists which were developed by the joint committee of the American Hospital Association and the American Society of Hospital Pharmacists will be used as a guide in making the arrangements.

Grover Bowles Jr.

From time to time, reports from the hospital's point of view have been published in hospital literature about the success of pharmaceutical service provided on a part-time basis by a community pharmacist. Little has been written about the pharmacist's view of such arrangements.

However, one retail pharmacist has found his relationship as a part-time hospital pharmacist rewarding. Writing in the February issue of *Pennsylvania Pharmacist*, Alan J. Vogenberg, part-time pharmacist at a Bristol, Pa., osteopathic hospital, had this to say about his experience:

"Hospital pharmacy is very exciting and, for a retail pharmacist, a change of pace. I find that I am constantly adding to my store of knowledge and learning a phase of pharmacy never encountered in the retail store. Different drugs are used, and different dosages of commonly used drugs employed. . . . I have become aware of the problems facing a hospital pharmacist in the running of a hospital pharmacy.

"The administrative problems of a hospital and the job of a hospital administrator, which to most laymen are unknown, have come into the sphere of my knowledge. I now have an appreciation for the job done by the administrator and the hospital staff which cannot be appreciated until one works with it.

"I have also been able to serve as consultant to the physician in the choice of drugs to be used and also supply information for his use.

"In conclusion, I point out that servicing a small hospital is an enlightening, exciting and rewarding job for a retail pharmacist. The job requires a great deal of time (not compensated for) both physically and mentally. The pharmacist who undertakes this type of work should not be interested in the monetary gain to be made, because there is little. Much more time than that spent at the hospital is required and should be given to provide good pharmaceutical service." ■

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Boric Acid Should Be Replaced for Routine Usage in Hospitals

By Frances Ginsberg, R.N.

BORIC acid solution or ointment has no place in today's modern hospital.


Frances Ginsberg

Several newborn babies died last year in a Massachusetts hospital when they were given formula mistakenly made with boric acid solution instead of distilled water. It was the result of a human error. However, unlike some other tragedies, it could have been avoided if the hospital long ago had recognized the dangers of boric acid and done away with this potentially hazardous chemical agent.

Despite its weak germicidal potency, boric acid is, for some inexplicable reason, still widely used. Although it is not highly toxic, poisonings and deaths have been reported after absorption of boric acid from various types of open lesions. Intoxication has also occurred when boric acid solutions have been used to irrigate the bladder or when it has been used in enemas. Chronic toxicity has also been observed in the form of stomatitis, eczema and localized edema. Yet, the white odorless compound is still often used clinically as a mild antiseptic in 5 per cent solution.

This use has continued despite the fact that it has been shown that concentrations greater than 2 per cent may inhibit phagocytosis, the ability of the body to defend against bacteria, thus negating one of the body's primary defenses against bacterial invasion.

There are a number of effective solutions that can provide the effect of moist heat on an irritated, infected or inflamed area. These include such solutions as physiologic saline (salt solution), some quaternary ammonium compounds, such as a fresh solution of aqueous benzalkonium chloride (1:1000) or sterile distilled water.

Perhaps with a greater awareness of the untoward results possible with boric acid, its use in all forms will be discontinued in hospitals. Although many physicians recognize its hazards and carefully avoid prescribing it, some still order hot boric soaks, packs, irrigations; in fact, in one hospital it was routine for flushing babies' eyes after the use of silver nitrate.

Petrolatum jelly could serve as an acceptable substitute for boric acid ointment. This is available commercially in prepackaged, sterilized strips.

In the average hospital boric acid in ointment and solution is available. We have become conditioned to its use. It has become habit to order, stock, prescribe and use boric acid. Habits are difficult to break and people resist change. However, when such a habit endangers our medical-legal responsibilities and the welfare of our patients, we must break it and replace this "medication" with less hazardous and more effective therapy. ■

Miss Ginsberg is a consultant on operating room nursing and hospital aseptic technics and a member of the Bingham Associates Program at Boston's New England Center Hospital.

Conducted by Jane Hartman

Flow Charts Led to Efficient Operation

Like all other phases of the new Sinai Hospital of Baltimore, the centralized food service was carefully charted step by step, with the result that food reaches the patients swiftly and with a minimum of waste motion

Jane Hartman

ADVANCE planning provided for the setting; modern and adequate equipment provided the physical structure; competent and experienced personnel provided the brains and brawn; united teamwork and cooperative enthusiasm carried out the job. This is the story of six months of food operation at the new Sinai Hospital, Baltimore. It is a story of gratifying success, achieved within a few months after the opening of the new hospital.

The hospital occupied its new buildings in December 1959. **The planning for the new hospital had taken three years. It took another three years to construct and equip the entire complex of buildings. It took six months to plan for the moving of the hospital. It took one week to actually move staff and patients.**

Advance planning decided on a centralized food service. Once this decision was made, centralized food service plans in hospitals throughout the country were intensively studied by actual visits to those hospitals and by participating in the daily food operations of those systems. From this information and experience the central kitchens were specifically designed for centralized tray service. **Every phase of the food operation, from the entrance of the raw food, its storage, its preparation, preparation of the trays, placing them on the carts, and the start to their final destination, was charted by the architects.**

Flow charts were prepared for cold foods, hot foods, and snacks and used to develop space layouts. Management consultants were engaged to check the layouts for efficient operating procedures.

Policy provided that 33 per cent expansion in number of beds was to be accommodated in the size of the kitchens and the amount of equipment. Selective menus were to be used for all patients; kosher food service was to be provided, and refreshment service on the floors would be on a regular tour basis rather than a traditional "nourishment" service.

Transportation Vital

In the beginning, it was apparent that adequate and fast vertical transportation is the "priceless ingredient" that assures success in a centralized food service. Included in the plans were special elevators for food carts, and electric dumb-waiters for direct transport of food to the staff cafeteria and to the nourishment pantry on each nursing floor. A tray conveyor was provided for bringing soiled dishes directly to the central dish washing area.

The planning for personnel to operate the new food service was started well in advance of the completion of the buildings. From the beginning it was realized that new structure and new equipment were only half of the story; experienced and competent personnel would be needed to complete the picture. Centralized dish and utensil washing was an integral part of the planning and this also required experienced supervisory personnel.

As moving day approached the dietary department was ready. The 100 patients moved from the old hospital, the personnel, and the volunteers all were fed as usual, beginning with the first regular meal.

To say everything moved perfectly, that everything worked efficiently from the beginning, and to say there were no problems would be an untruth.

In short time the majority of these problems were corrected and we can now report after six months of operation: (1) The facility is efficient; (2) flow of work from receiving platform to patient to dishwashing area is exceedingly smooth; (3) vertical elevator transportation is fast and adequate; (4) electric dumb-waiters are an excellent accessory for food transportation; (5) food carts, operated according to definite instructions, perform superbly; (6) floor managers prepare the patients so that they are ready for tray service when the carts arrive on the floor; (7) trays are carefully checked on the floor before distribution; (8) patient floor personnel pays strict attention to food and tray detail.

After six months the hospital is ready for such innovations as group feeding, patient dining areas, or other feeding concepts of "progressive patient care."

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The Time To Prevent Breakdowns Is Before They Start To Happen

Elna Daniels

THREE mishaps that occurred in a teaching laboratory for students of quantity cookery illustrate what can happen in the hospital kitchen if equipment is not properly maintained. The moral for dietitians is "Don't let it happen."

Here, briefly, is what *did* happen in this situation — all during the first week of the laboratory's operation.

One afternoon, the chef reported to the manager that the temperature in the refrigerator was rising above normal. The manager called the maintenance department, which sent a service man. The service man found the refrigerant was leaking and replaced it.

After he left, the temperature continued to rise, so the service man was called again. This time he found a faulty valve and replaced it.

Miss Daniels is assistant professor of institution management and foods, University of Connecticut, Storrs. This article is adapted from a paper presented at an institute for improved dietary administration, University of Connecticut, April 1959.

Temperature Was Rising

Late the next morning, the chef again reported that the temperature in the refrigerator was rising above the safe level. This time the service man reported that the newly installed valve was also faulty. Three men, two from the maintenance department and one from outside, were called and worked for two days on the refrigerator. Kitchen workers had to step over these repairmen to perform their duties, and the situation was complicated by the fact that there was only one refrigerator in the department.

That problem solved, a new one arose. The mixer had been tested the first week and found to be operating well. Nevertheless, the first time the chef used the mixer, for making some biscuit dough, a large quantity of black oil spilled out of the motor. It slopped over the dough, the surrounding table, and work surfaces. The machinery was stopped, the cleanup proceeded, and bread was substituted.

Oil Was Leaking

The service man was called. He explained that the machine had been oiled before the department began operation and that the excess oil was leaking out. This could have been anticipated and avoided if the mixer had been run for a longer period before it was put into actual use.

The third problem during that first week was that the dishwasher was not getting the dishes thoroughly clean. The operator could not keep the temperature up to the correct wash and rinse level. It was discovered that a steam booster had not been adjusted properly, although the dish machine operator had turned on what he thought were the correct valves to operate it. Again the service man was called to see what was wrong. He instructed the operator in the proper use of the machine, thus solving this problem.

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of preventive maintenance. Here are some of the lessons we learned from the experience, which food supervisors should take to heart.

1. Try out new equipment, or equipment which has not been used for some time, to find any defects in its operation.

2. Instruct all persons using the equipment until they understand thoroughly its usage and operation.

3. Expect a certain amount of emergency repair and plan for this in the budget.

4. Know your equipment and how to operate and clean it properly. Have those concerned read the instruction materials that come with the equipment and keep them handy for reference.

5. Know what the engineer or service man does to the equipment each time. Keep a record of what parts broke down, what was done to repair them, and the cost of both parts and labor.

6. Read carefully the guarantee or warranty that comes from the manufacturer. Learn from the manufacturer or from a qualified service person the life expectancy of the equipment.

7. Find out what free services are available to the user of the equipment from the manufacturer. Maybe you are missing these services and can request them.

We found an example of this last point in the operation of our dishwasher. Two companies that sell detergents for dish machines have trained service inspectors who will make regular checks of the operation of any make of dish machine. They review the entire operation of the machine, look over the parts, and report to the manager any need for replacement or repair. This service is free and provides a written report for the manager. It can uncover the need for a small repair which can save a breakdown and possibly the replacement of an expensive part.

We encountered a similar situation in the use of a slicing machine. The chef observed that the machine was not producing neat slices of meat. The manager and chef checked the machine and could find nothing wrong. When the manufacturer's service inspector came he found a small part, a screw turner, was missing. The inspector provided the missing part, showed the chef how to use it, and adjusted the cutting blade which had been off balance. The food slicer gave better service and produced better slices. There was no charge for this service, which proved a boon to the operation. ■

FOOD FOR THOUGHT

Inspectors May See Red

A powder test that will measure the effectiveness of dishwashing equipment has been developed by two University of Michigan public health engineers.

The powder test to detect hidden grease film, a potential bacteria carrier, on dishes was announced by Edward H. Armbruster and Gerald M. Ridenour, of the university's school of public health.

A powdered mixture of dry talc and dye is sprinkled on a dry dish surface. Then it's rinsed under water for 15 seconds and drained dry. "Any red color remaining indicates a soiled area. A truly clean surface will show no color," the developers said.

new idea streamlines hospital food service

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ends "DIET TRAY CONFUSION!"

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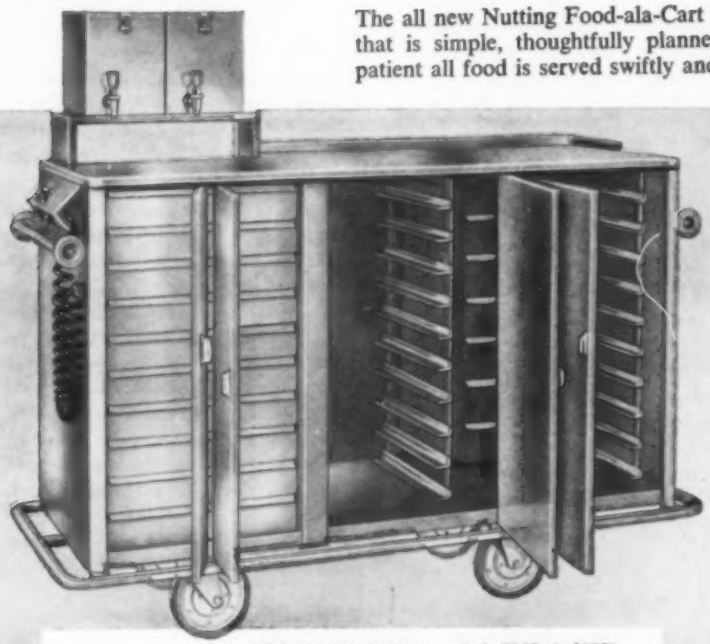

Food-ala-Cart ends diet tray confusion because there is only one serving per oven drawer and this matches its own serving tray . . . there's absolutely *no chance* of mix-up or confusion!

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Your hospital food service system will function more smoothly with Nutting Food-ala-Cart on the job. This equipment is the "key" that unlocks the door to well-balanced food service and makes everyone, from the dietition to the patient to the physician, happier and more satisfied with food preparation and service. Write today for complete facts about this newest idea to streamline your hospital food service.

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Cranberries Take Many Shapes To Form Basis for Unusual Menus

CRANBERRY sauce adds a rosy glow to any dish and its tart flavor is especially welcome in autumn menus.

Fresh cranberries, canned whole cranberry sauce, jellied cranberry sauce, and fruit nectar offer the dietitian a wide choice of uses. They can be used as a breakfast drink, as a spread, in salads and desserts, as an accompaniment to main dishes, and in sandwiches. In addition, the fact that it can be broiled, baked and frozen makes cranberry sauce truly adaptable to every meal.

Sauces made with a cranberry base are excellent with many kinds of meat. For example, a cranberry mint sauce for lamb entrees can be made by whipping jellied cranberry sauce and adding mint extract (1 to 2 teaspoons to each No. 10 can of the sauce).

Good Chilled or Baked

One pound of cranberry sauce, whipped, ½ cup of applesauce, and ¼ cup slivered almonds can be combined as a topping for pork chops. This sauce is equally good chilled or baked on top of the chops for about 15 minutes before they are done.

Chilled ginger cranberry sauce for cured or smoked hams combines two large fresh oranges and 2 cups of raisins, ground together, for each No. 10 can of whole cranberry sauce and seasoned with 1 tablespoon of powdered ginger.

The U.S. Department of Agriculture, which furnishes these suggestions for meat sauces, also recommends cranberry sauces with seafood. One such recipe calls for ¼ to ½ of a fresh lemon (with rind), finely ground and stirred into each pound of canned whole cranberry sauce. Especially good with shrimp, this sauce also adds an elegant touch to broiled or fried fish dishes.

Cranberry mayonnaise makes a flavorful dressing for many kinds of fruit salads. The recipe suggested by Catherine Turner, assistant professor of home economics, University of Alabama, calls for jellied cranberry sauce, whipped together with mayonnaise, and seasoned with fresh orange or lemon.

Fish and seafood salads, the U.S.D.A. suggests, are especially inviting when prepared with just enough cranberry mayonnaise to hold the ingredients together.

Because cranberry sauce does not melt in baking, it can be used to give a surprise touch to everyday dishes. For example, one cranberry processor describes the following special meat loaf.

Adds a Surprise Center

Cut jellied cranberry sauce into 1½ inch cubes. Make regular meat loaf mixture. Fill the bottom of custard cups or muffin pans with meat loaf. Place a cube of jellied cranberry sauce in each. Cover with remaining meat loaf. Bake. The jellied cranberry sauce gives the individual serving a surprise center.

Or this variation can also be used with regular loaves. For this, cut canned jellied cranberry sauce in half lengthwise. Place the two sections flat side down in center of baking pan, end to end. Cover with meat loaf mixture in rounded loaf shape. Bake, slice and serve. Each slice will have a rosy core.

Because it does not melt, sliced cranberry sauce is also adaptable to broiled luncheon sandwiches. For each sandwich, place a slice of slightly browned boiled ham or luncheon meat on buttered toast. Top with a thick slice of jellied cranberry sauce

CRANBERRY MEAT LOAF

Jellied cranberry sauce, which does not melt in baking, furnishes a colorful and unusual center for a meat loaf, or individual servings, as shown here.

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and sprinkle with grated American cheese. Broil just until the cheese melts.

Molded cranberry salads are a different way to obtain the cranberry sauce flavor, and the festive color, in holiday dinners. Either whole or jellied sauce may be used in these gelatin salads. One typical recipe is given below.

Because cranberry flavor combines well with many sweet flavors, the sauce is often used in fruit desserts. In frozen desserts, the texture of the frozen sauce gives the whole concoction a new and pleasing consistency.

Wherever and however cranberries and cranberry sauces are used in the menu, they add a welcome bright spot of color. ■

CONGEALED CRANBERRY SALAD

Yield: Approximately 3½ quarts or 25 individual molds

Ingredient	Amount
Strawberry flavored gelatin	13 oz.
Boiling water	1 qt.
Orange juice or cold water	2 cups
Oranges, large	4
Whole or jellied cranberry sauce	4 (1 lb.) cans

Procedure:

1. Dissolve gelatin in boiling water.
2. Add cold water or orange juice.
3. Chill until the mixture begins to thicken.
4. If the whole cranberry sauce is used, drain off the liquid. If jellied sauce is used, beat until the mixture has a saucy consistency.
5. Cut oranges into wedges. Remove seeds and put through a food grinder. Mix thoroughly with the cranberry sauce.
6. Fold mixture into the gelatin that has begun to thicken.
7. Pour into individual molds and allow to chill until firm.

If time is at a premium at service time, the setting up of this salad may be hastened by unmolding the salads ahead of time and returning them to the refrigerator on a tray or a single pan.

To unmold, loosen around the top edge with the point of a paring knife for about a third to a quarter of an inch. Dip the mold into warm, but not hot, water. Hold just long enough to take the chill off of the mold. Tap a couple of times on the heel of the palm of the hand. Invert on a tray. If gelatin fails to leave mold, repeat process of dipping in water and tapping on hand. If the salad dressing is dished into a souffle cup ahead of time, the setting-up of these salads will require only that they be placed on a salad green and the cup of dressing added.

BROILED CRANWICHES

These broiled luncheon sandwiches combine cranberry slices with luncheon meat and a topping of grated cheese for color as well as taste contrasts.

A.D.A. convention report

Radical Changes in Food Service Equipment Predicted at Dietitians' Annual Meeting

CLEVELAND. – Dietitians attending the 43d annual meeting of the American Dietetic Association here last month sampled the usual assortment of foods cheerfully purveyed at many of the convention's 280 exhibits. They also got a taste of new food administration developments served up by an estimated 160 speakers who participated in the educational program.

Although some of the reports turned out to be warmed over admonishments from other meetings, many of them were fresh and a few were even exotic, as in the case of one biochemist whose research suggested that humans, like squirrels, would be better off nibbling all day rather than bolting down three large meals.

Other tidbits from the educational sessions that caused corridor comment and perhaps some indigestion included:

– A report of new trends in food service and equipment that pointed toward more centralization and automation of food service.

– A plea for dietitians to spend more time with patients to study the actual ease of consumption of food, especially in cases where the patient is physically disabled or elderly.

– A request for more research on the status and responsibilities of food service directors as well as on more technical studies of food preparation.

– An admonition to promote reliable nutrition information in the community and, in so doing, dispel the half truths that are selfishly promoted by food quacks.

– The reelection of Doris Johnson, Ph.D., as president of the A.D.A.

Dr. Johnson, director of the department of dietetics and the dietetic internship program at Grace-New Haven Community Hospital, New Haven, Conn., was reelected following the resignation of the president-elect, Cora E. Kusner, director of dietetics at Colorado State Hospital, Pueblo. Illness in her family prevented Mrs. Kusner from ascending to the presidency.

"Radical changes" in the design of food service equipment to offset spiraling labor costs were predicted by Anne C. Donovan, dietary consultant, U. S. Public Health Service, at the meeting.

Trends toward greater centralization and automation are now dominant in institutional food service, Miss Donovan reported. As a result, she said, an increasing number of hospitals now use:

1. A centralized system for patient tray service and dishwashing.
2. Self-service in cafeterias for patients.
3. Greater automation as a result of using more "tailored foods" in the preparation area.
4. Mobile equipment in all dietary areas where it is practical.

These objectives, Miss Donovan said, have created special interest in the development of: (1) mobile units for food preparation, service and dishwashing areas; (2) mobile serving lines; (3) automatic timers and thermostatic heat controls built into cooking equipment; (4) improved technics for pressure cooking, and (5) improved automatic dishwashing technics.

"Such labor saving equipment," Miss Donovan suggested, "is needed to promote and assure an efficient, economical food service operation."

Earlier, in a session on feeding the aged, a public health nurse urged dietitians to take a more active role in determining whether patients are physically able to eat the food that is prepared for them. "Serving a nutritionally adequate and colorful meal to a resident or patient is common practice," observed Emma Ludwig, R.N., "but I have found that not much consideration has been given to the actual consumption of this food."

Miss Ludwig, consultant with the Cleveland Division of Health, requested dietitians to help the staff "become aware of facts and procedures which may ultimately give the patient independence in the activity of eating."

To do this, she said, dietitians will have to spend more time in the dining room.

"With the great emphasis on rehabilitation and the expanding nursing home programs all over the country," Miss Ludwig said, "greater interest must be taken not only in menu construction and planning, but also in suggesting ways that well planned menus can be consumed." Eating procedures, she suggested, may have to be changed, especially in the case of geriatric patients or patients afflicted with chronic diseases.

In general, research in food administration has applied principles developed by other disciplines, Beatrice Donaldson, Ph.D., professor, University of Wisconsin, noted in her discussion of research in food administration.

Topics in need of further study, she said, include the status and responsibility of food service directors, food service curriculums, operations research, work sampling, standard operation times for certain production and service procedures, controlled atmosphere during food preparation and storage, and thermal conductivity of food in quantity preparation and its bacteriological implications.

One distinguishing characteristic between the quack and the reputable scientist is that the quack "always has something to sell," observed F. Inistore Godfrey, nutritionist, Cleveland Division of Health. Mr. Godfrey encouraged dietitians to be more active in combating food misinformation. "Sound knowledge of the science of nutrition is the best defense against misinformation," he said. "We can disprove the teaching of the quack by providing the public with nutrition information which is based on scientific research," he added.

To do this, he said, the dietitian must take advantage of every opportunity to promote reliable nutrition information in the community. She must make it her business to know what the public reads and believes. She must also make herself available as a research person for professional organizations in the community. Above all, he emphasized, she "must believe and practice sound nutrition principles." ■

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Menus for December

Madeline A. Bell
Chief Dietitian
Santa Fe Coast Lines Hospital
Los Angeles

1 Pineapple Juice Soft Cooked Egg • Cream of Mushroom Soup Grilled Spiced Luncheon Meat, Raisin Sauce Buttered Carrots Macaroni Salad Peach Halves • Roast Beef, Gravy Browned Potatoes Peas and Celery Tossed Greens, Roquefort Dressing Lemon Chiffon Pie	**2** Citrus Fruit Juice Soft Cooked Egg • Clam Chowder Spaghetti With Tomato, Cheese Sauce Tossed Greens, French Dressing Chocolate Cream Pie • Fish, Tartare Sauce Baked Potato Spinach, Lemon Pear With Cream Cheese Gelatin Cubes	**3** Orange-Grapefruit Juice Scrambled Egg • Cream of Tomato Soup Beef Stew With Vegetables Corn Bread, Honey Lettuce, Russian Dressing Rhubarb and Bananas • Fried Chicken, Gravy Mashed Potatoes Broccoli, Mock Hollandaise Sauce Molded Waldorf Salad Vanilla Pudding	**4** Prunes Grilled Ham • Vegetable Beef Soup Corn Fritter, Pineapple Fritter, Sirup Crisp Bacon Cottage Cheese-Green Pepper Ring Salad Ice Cream • Corn Beef—Sour Cream Horseradish Sauteed Parsnips Green Beans Coleslaw With Pimiento Frosted Yellow Cake	**5** Applesauce Sausage, Hot Cakes • Vegetable Soup Cheeseburgers, Buns, Chili Sauce Potato Chips Cucumbers, Sour Cream Ice Cream • Baked Liver in Onion Gravy Candied Sweet Potatoes Buttered Zucchini Stuffed Apricot Salad Rice Pudding	**6** Tomato Juice Soft Cooked Egg • Split Pea Soup Biscuit Meat Roll, Gravy Buttered Carrots Crunchie Green Bean Molded Salad Custard • Roast Veal, Cranberry Sauce Dressing, Gravy Succotash Lettuce, 1000 Island Dressing Baked Apple
7 Banana Scrambled Egg • Vegetable Soup Creamed Chipped Beef on Rusk Broccoli Mixed Fruit Salad Assorted Doughnuts • Baked Ham, Pineapple Sauce Baked Sweet Potato Buttered Peas Celery, Green Pepper, Radishes Tapioca Cream	**8** Citrus Fruit Juice Soft Cooked Egg • Cream of Pea Soup Hamburger, Buns, Ketchup Cabbage-Peanut Salad Boysenberries, Sour Cream • Fried Chicken Creamed Potatoes Hot Stewed Apples and Cranberry Sauce Asparagus Salad, French Dressing Chocolate Cake	**9** Orange-Apricot Juice Soft Cooked Egg • Cream of Spinach Soup Plate: Tuna Fish Salad, Potato Chips, Tomato Wedge, Half Hard Cooked Egg Cherry Pie • Fish, Tartare Sauce Parslied Potatoes Buttered Zucchini Grapefruit, Persimmon, Romaine Salad Ice Cream	**10** Grape Juice Scrambled Egg • French Onion Soup Hot Roast Beef Sandwich Baby Lima Beans Tossed Greens, Russian Dressing Sliced Peach, Strawberry Cup • Country Fried Liver, Bacon Corn Pudding Green Beans Carrot, Raisin Salad Icebox Jelly Roll Pudding	**11** Tomato Juice Link Sausages • Vegetable Soup Lamb Curry on Rice Buttered Peas Molded Pineapple, Coconut Pecan Salad Ice Cream • Special Meat Loaf, Mushroom Gravy French Fried Potatoes Asparagus Lettuce, 1000 Island Dressing Canned Pears, Cookies	**12** Prunes Hot Cakes • Beef Noodle Soup Sharp Cheese Sauce on Grilled English Muffins Stewed Tomatoes Egg, Celery, Lettuce, Pickle Salad Ice Cream • Braised Short Ribs Mashed Potatoes Harvard Beets Cottage Cheese Relish Salad Apple Betty
13 Orange Juice Soft Cooked Egg • Split Pea Soup Grilled Ham and Cheese Sandwich, Pickles Coleslaw Canned Plums • Braised Sirloin Tips Baked Potato Buttered Carrots Shredded Lettuce, Roquefort Dressing Lemon Sponge Cake	**14** Grapefruit Sections Bacon, Sweet Roll • Vegetable Soup Omelet, Spanish Sauce Broccoli Bran Muffins Chef's Salad, French Dressing Ice Cream • Swiss Steak Mashed Potatoes Green Beans Celery Pinwheels, Olives Fruit Gelatin, Cookies	**15** Orange Juice Cinnamon Toast • Cream of Tomato Soup Corned Beef Sandwich on Rye Bread Kidney Bean Salad Grapes • Roast Pork, Applesauce Baked Acorn Squash Buttered Peas Tossed Greens, French Dressing Cream Puffs	**16** Blended Juice Fritters and Sirup • French Fried Codfish Parslied Potatoes Buttered Peas Stuffed Prune-Orange Salad Strawberry Chiffon Pie • Oyster Stew Macaroni With Stewed Tomatoes and Cheese Buttered Mixed Greens Salmon Salad Ambrosia	**17** Tomato Juice Scrambled Egg • Cream of Pea Soup Frankfurters, Cheese, Bacon, Chili Sauce, Bun Shoestring Potatoes Shredded Lettuce, Russian Dressing Fresh Pineapple, Banana • Barbecued Chicken Glazed Sweet Potato Pimiento Wax Beans Black Cherry, Almond Mold Salad Frosted White Cake	**18** Pineapple Juice Canadian Bacon • Tomato Bouillon Steak Sandwich, Gravy Buttered Peas Coleslaw Mince Pie, Hard Sauce • Swedish Meat Balls, Gravy Mashed Potatoes Buttered Carrots Tossed Greens, Roquefort Dressing Peach Halves
19 Prunes Hotcakes, Bacon • Cream of Corn Soup Beef Stew With Vegetables Banana, Pineapple, Grape Salad Ice Cream • Breaded Veal Cutlet, Cream Gravy Steamed Rice Green Beans Tomato, Cucumber in Vinegar Frosted Sponge Cake	**20** Orange-Grapefruit Juice Soft Cooked Egg • Navy Bean Soup Grilled Sausage Links Fried Apple Rings Biscuits, Honey Carrot, Cabbage Salad Ice Cream • Roast Beef, Gravy Steamed Rice Asparagus Celery Sticks Spiced Pear Custard Pudding	**21** Banana Bacon, Scrambled Egg • Tomato Bouillon Creamed Chipped Beef on Toast Buttered Beets Tossed Greens, French Dressing Fruit Cocktail • Fried Chicken, Gravy Mashed Potatoes Buttered Peas Molded Spiced Peach Salad Lady Baltimore Cake	**22** Grapefruit Juice Soft Cooked Egg • Vegetable Soup Hamburger, Bun Potato Chips Chinese Cabbage Canned Plums • Roast Stuffed Lamb Shoulder, Gravy Browned Potatoes Glazed Carrots Lettuce, Green Pepper Strip, Russian Dressing Lemon Chiffon Pie	**23** Stewed Rhubarb Hot Cakes • Clam Chowder Cheese Blintzes, Sour Cream, Jam Lettuce, Tomato, Avocado, French Dressing Blueberry Pudding • Fish, Tartare Sauce Baked Potato Broccoli Orange, Green Pepper Ring Salad Caramel Custard	**24** Apricot Juice Scrambled Egg • Split Pea Soup Cold Cuts, Cheese Rye Bread, Relish Tossed Greens, Avocado, French Dressing Indian Peach Halves, Fruit Cake • Meat Loaf, Tomato Sauce Baked Potato Broccoli Waldorf Salad Ice Cream
25 Grape Juice Soft Cooked Egg, Toast • Roast Turkey, Dressing, Gravy Candied Sweet Potatoes Creamed Pearl Onions Frosted Cranberry Relish Mold, Celery, Olives Pumpkin Pie, • Vegetable Juice Oyster Stew, Crackers Hot Buttered Bread Pear, Cottage Cheese Salad Christmas Cookies	**26** Prunes Hot Cakes, Bacon • Vegetable Soup Hamburger, Ketchup Sesame Seed Buns Potato Salad, Tomato Wedge Ice Cream • Sweet-Sour Pork Buttered Noodles Buttered Carrots Apple, Raisin, Nut Salad Spice Cake, Foamy Sauce	**27** Grapefruit Sections Doughnut, Bacon • Vegetable Soup Baked Bean, Frankfurter Casserole Brown Bread Tossed Greens, 1000 Island Dressing Canned Pears • Baked Ham Baked Potato Tomato-Okra Casserole Coleslaw Chocolate Pudding, Whipped Cream	**28** Grape Juice Soft Cooked Egg, Toast • Tomato Bouillon Smoked Tongue on Spinach Sour Cream Horseradish Cottage Cheese-Fruit Cocktail Salad Ice Cream • Roast Beef, Gravy French Fried Potatoes Green Beans Pineapple-Carrot Mold Date Bars	**29** Apple Juice Soft Cooked Egg • Cream of Asparagus Soup Chow Mein Pea, Pickle, Cheese Salad Fresh Pear • Brown Fricassee of Veal Mashed Potatoes Harvard Beets Lettuce, 1000 Island Dressing Angel Food Cake, Black Cherry Sauce	**30** Apple Juice Hot Cakes • Clam Chowder French Fried Potatoes Broiled Tomato Tuna Fish Salad Strawberry Sundae • Fish, Tartare Sauce Succotash in Cream Baked Zucchini Banana, Peanut Salad Orange Tapioca, Orange Sauce

31 Tomato Juice, Scrambled Egg • Split Pea Soup, Spaghetti, Cheese and Tomato Sauce, French Bread, Tossed Greens, French Dressing, Fruit Gelatin • Fried Chicken, Gravy, Mashed Potatoes, Whole Kernel Corn, Marinated Green Beans, Pimiento Salad, Vanilla Pudding, Crushed Pineapple.

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Reels Keep Operating Room Hoses Close at Hand But Out of Way

Harry R. Zeller, M.D.

WALL outlets for oxygen, nitrous oxide, and vacuum services have gained wide acceptance, but several factors have made the wall outlet system far from ideal for the anesthetist, surgeon and operating room personnel.

A hose reel unit now in use at Columbia Hospital, Pittsburgh, has been found to overcome many of the disadvantages of the conventional outlet system.

The first of these disadvantages is the necessarily fixed lengths of hose that extend from the wall outlets to the anesthesia machine and the suction bottle. Supply for nitrous oxide, oxygen and single or double vacuum outlets requires three or four 10 to 15 foot lengths of hose stretched across the floor to the operating table. The need for a high level of asepsis is becoming an increasingly important consideration in operating room management, and all potential havens for microorganisms are coming under closer scrutinization. These hoses lying on the operating floor or hanging exposed on an elbow boom constitute formidable obstacles to routine aseptic measures in the surgical area.

Second, the hose presents a definite hazard to O.R. personnel moving about the operating table because of the ever present possibility of someone tripping over the hose or bumping his head on a projecting arm.

Limitation of the anesthetist's mobility is an additional disadvantage because the anesthesia machine cannot be used at the opposite end of the operating table as is occasionally necessary.

Methods for eliminating the hazards of floor-borne hoses and overhead projection arms received intensive study when the new wing at Columbia Hospital was in the planning stage. Work along these lines began in the older operating rooms where various ceiling-mounted outlets were tested. Utilization of space between the ceiling and the operating table seemed to offer the answer.

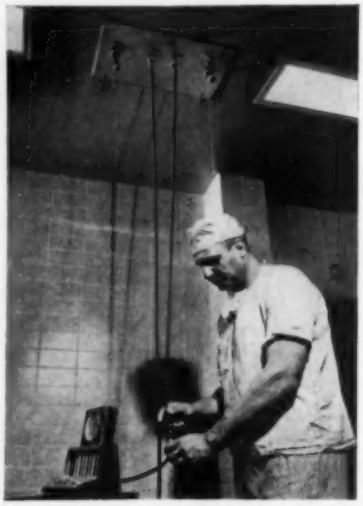

Photo courtesy of National Cylinder Gas Co.

Outlet hose reel unit is recessed into the ceiling with only the plate containing the hose openings and pulls visible when the unit is not in use.

The first step in the search for a convenient method began in the local gas station automobile greasing section where hoses for various kinds of grease are mounted on a retractable bank of spring reels. The hoses are pulled out to reach the various grease fittings on the car and then are reeled back in when the job is completed.

This type of reel was suspended from the operating room ceiling just above the normal position for the anesthesia machine. Although extremely bulky and unwieldy, this arrangement performed reasonably well. Over a period of two years other reels were tried and, although encouraging, were still not quite the answer.

A small ceiling hose reel unit was finally developed by one of the anesthesia equipment firms that became interested in the problem. The bank of four reels that resulted is now in use throughout the new surgical suite at Columbia Hospital. It provides quick availability of oxygen, vacuum and nitrous oxide without the hose problems inherent with wall outlets.

The entire ceiling outlet hose reel unit is set into a recess in the ceiling. The only visible section is a stainless steel plate containing the openings through which the hoses pass to the reels. The units used in the four operating rooms in the new surgical wing contain one outlet each for oxygen and nitrous oxide and two outlets for vacuum. The use of two vacuum outlets is a distinct boon to both surgeon and anesthesiologist, who on occasion may require suction simultaneously.

A coil-spring retraction device allows out-of-use hoses to be reeled into the ceiling for safe storage. Each of the services has its own color-coded conductive rubber, lightweight hose. Hoses are equipped with non-interchangeable quick couplers to prevent connections with wrong administration equipment. In addition, the female terminals at the anesthetic machine are safety-keyed and anodized to match the color of the hose. The outlets were designed to permit uninterrupted service when reel maintenance or repair is necessary.

All outlet stations meet National Fire Association's standards, where applicable, and conform to the Compressed Gas Association Diameter Index Safety System. ■

Dr. Zeller is chief anesthesiologist at Columbia Hospital, Pittsburgh.

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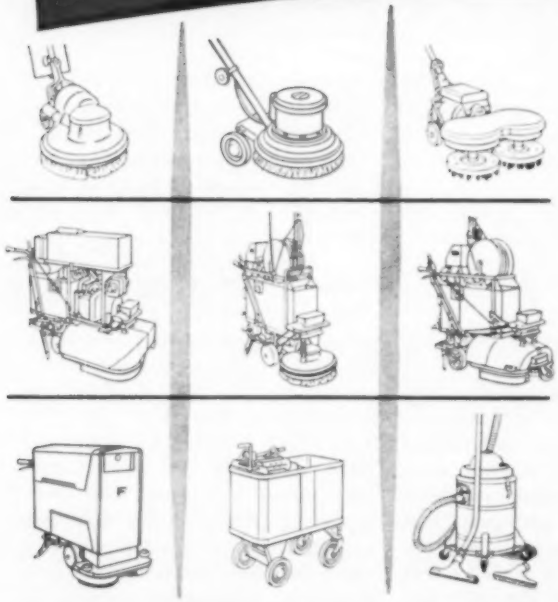

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BRANCHES IN ALL PRINCIPAL CITIES

Small Changes Bring Big Savings in Supplies

In this section of the report on the research program conducted by the housekeeping department at the V.A. Hospital, Hines, Ill., the author discusses some of the changes in methods of handling supplies which have lowered operating costs

Lucille N. Hall

BRINGING the housekeeping division of a 2489 bed government hospital up to date is an enormous undertaking, but one which more than repays the effort in terms of man-hours saved, efficiency of operation, and better care of the patients.

In the article presented here last month, we discussed the research program undertaken on the housekeeping department and the changes that have been made as a result. **This month's article will deal with the standardization of supplies and procedures.**

What the Inventory Showed

A careful inventory of the supplies used in and by the housekeeping department disclosed the following:

1. Powdered soap to wash floors.
2. Trisodium phosphate for the same purpose.
3. Liquid soap just in case the first two didn't work.
4. Sawdust to sweep floors.
5. Liquid soap for washroom dispensers.
6. Bar soap for those who didn't like the liquid soap.
7. Alcohol base window cleaner (it cleaned the windows and ruined the floors).
8. Special detergents for different areas.
9. Brushes and brushes: (a) deck, (b) radiator, (c) toilet bowl – many kinds, styles and sizes, (d) bed spring, (e) hand, (f) buffer brushes in 11, 12, 15, 16, 17, 18, and 21 inch sizes, (g) long brushes, short brushes, and so on.
10. Wooden ladders – 4, 5, 6, 8 and 10 foot heights.
11. Round toilet paper holders.
12. Square toilet paper holders.
13. Metal trash cans.
14. Floor urns with sand.
15. Spittoons without sand.
16. Mop heads – dry, wet, triangular, different sizes and types.
17. White cleaning rags.
18. Brooms: (a) corn, (b) whisk, (c) push – many sizes and styles, (d) short handle and long handle.
19. Dustpans – short handle and long handle.
20. Polish – two or more kinds for each type of surface: (a) wood, (b) metal, (c) desk.
21. Pieces of toweling threaded on a chain for washrooms.
22. Many cleaning agents for wood, tile, paint and so on.

After considerable study, the housekeeping division was reorganized, new positions were established, quantity and quality controls were formulated, and cleaning schedules and methods were perfected. Our training wards were used to teach the new employes modern technics and procedures, to retrain the older employes, and to test supplies and equipment.

Some of the changes effected as a result of our continuing research program were drastic; others were fairly minor, but all were directed to better patient care, with more economical operation. Here are a few of the results:

Many supply items were consolidated or discontinued or better products substituted. We now use one cleaning agent for floors, windows, woodwork, plastic furniture, and venetian and vertical blinds.

Sawdust was eliminated and disposable floor cleaning cloths were placed in the communicable disease areas immediately.

Mops and pails were replaced with wet vacuums in those same areas.

The use of push brooms was discontinued; the new 48 inch dry mops eliminated one trip out of five in our 8 foot wide corridors.

Tested Cleaning Products

We changed to a straight detergent plus a germicidal additive, which fulfilled the requirements called for by our laboratory. The chief of the housekeeping division of the V.A. West Side Hospital, Chicago, was asked about this. He had recently been testing detergents, both antiseptic and germicidal. His object was to determine the residual bacterial count on floors washed with a non-germicidal concentrate solution as compared with floors washed with several commercial germicides containing liquid cleaning products. **He used four products and his conclusion was that the value of germicidal de-**

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tergents was questionable, because the one product which did not contain a large amount of germicidal agent showed an 89 per cent reduction in number of bacteria per square inch over the untreated floor, while another product containing the germicidal product showed a 59 per cent reduction.

Regular hoses on the wet-dry vacuums were replaced with vinyl.

We tested and purchased a special formula to be used in the laundry rinse for our dry mops. This gives the same effect as damp-dusting and saves many man-hours previously required to spray a dust absorbent onto the clean mops. It has also saved the space necessary to lay out these mops to dry.

It was discovered that lint mop ends were breaking and the ends were clogging the drains. Cellulose mops were found to be better for our operation because they dry quickly, don't break so easily, and were readily accepted by the employes.

We tested a new type of block for our buffers. The buffer is equipped with stripping, scrubbing and polishing pads that can be washed easily and dried quickly. Our maintenance program was accelerated with their use, but the uneven floors were tearing the pads. This was overcome by stapling the pad to the block.

Liquid polish was used to polish metal; it was replaced with a wadding which can be used repeatedly if replaced in the tightly closed can.

A quart plastic container with a one-ounce measuring cap replaced all cans, cups and bottles previously used to measure detergents.

A special adhesive tape was purchased to be used for identification of bottles. It came on a roll similar to regular adhesive tape with the word "wax" in one color and "detergent" in another. If an employe was unable to read, he could easily differentiate between the two.

Washrooms were a problem with 2000 patients, 3000 employes, and unnumbered visitors. Toilet paper used to rim the seats had been falling on the floor. Paper toilet seat covers were purchased, which eliminated the extra work of sweeping up the paper.

Cigaret butts thrown in the urinals of the men's washrooms were a problem. Small swivel wall urns were installed between the urinals and the washbasins, which not only alleviated the problem but helped prevent cigaret burns on the window sills.

The use of a controlled, measured bowl cleaner is not new, but it was to our service. The supervisors like it because the packages are easy to count, to issue, and to carry.

There is a product on the market to control the odor of vomitus. It comes in individual packages or large jars, and when this product is placed on the area the odor is smothered immediately. We like the individual packages because they can be left in strategic areas where they are most likely to be needed.

There is a new product to cover the walls in shower stalls. It is plastic and will not peel. These materials can be purchased by the linear yard for wall covering. They are easier to install than separate tiles and more suitable for uneven walls.

There are disposable shower bath mats available that have a hole in the center which fits over the drain. This drain prevents standing in water.

Paper towels were another problem with 2000 patients and 3000 employes. Two years ago we had tested a disposable paper towel container which would press the used towels into a solid mass easy to transport. There are many types of electric hand driers on the market which would eliminate the use of paper towels. One streamlined model now available can be recessed into the wall, and we hope to test it shortly.

We installed a new type of sanitary napkin dispenser which holds 240 cylinders; this is about 10 times more than the normal dispenser.

Chrome shower hooks were purchased by the gross but would disappear quickly. It was almost impossible to keep them in place holding the cubicle or shower curtain, and at times supervisors had to resort to using string. It was noticed that these hooks were used for either key rings or spindles in offices, and with 2000 patients and 3000 employes that could mount up to a sizable number of key rings. Various kinds of plastic hooks were tested and we now have a thick, pink, plastic shower hook. They are too wide for a key ring — and, besides, what man would be seen carrying a pink key ring?

White cleaning rags were dyed blue. Now it is easy to tell at a glance if linen is misused.

We solved the problem of the disappearing washcloth; they were dyed rose.

Cubicle and shower curtains had been used for other purposes and were in short supply. These also were dyed rose and another problem was solved.

In order to eliminate wastepaper baskets in the wards we have tried a limited number of flame-resistant paper bags. We would like to issue them daily to each patient. The bag has a special adhesive so that it will adhere to the bedside cabinet.

Both paper and plastic liners were tested in trash cans. Metal cans were eliminated wherever possible and plastic cans substituted, because of the noise factor and the distances they had to be transported. The answer was disposable paper duplex liners with a 2 inch fold at the bottom which opens into a square. The bag is sealed with a glue impervious to water.

In order to close the polyethylene containers properly, the paper bags were made shorter; every inch shorter reduced the price per thousand of the paper bag. To use the bags to capacity, we stapled them to prevent spillage when placed outdoors at the incinerator.

More than a year ago we became

Lucille N. Hall is chief of the housekeeping division of Veterans Administration Hospital, Hines, Ill., the largest medical and surgical hospital in the V.A. She holds a bachelor's degree in business administration from the University of Denver. Mrs. Hall has lived and traveled in 37 countries and was the first American to enter the WAC in Europe. She was discharged in Frankfort, Germany, and remained there for several years as the manager of the largest hotel in occupied Europe.

ANNOUNCING

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Brillo Syndisc Pads are thicker—more resilient. They follow the contour of your floor—not just scraping the highs and missing the lows. What's more, no special attachments are required . . . simply place under the brush and you are ready to start.

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interested in disposable items such as uniforms, examining gowns, doctors' coats, washcloths, curtains, aprons and caps. Disposable washcloths stand up to many days of use although they should be exchanged daily. They are available in two colors for ease of identification if one is to be issued for the face and one for the body.

Flameproofed bed linen was rather stiff to the touch, but sheets, pillowcases, pajamas and bathrobes were available.

Plastic coated ticking for mattresses is available; it is impervious to blood, oil and stains, and is not objectionable to patients. Our study of this ticking, under controlled circumstances, has proved that it is effective and eliminates draw sheets and mattress covers.

There are some inexpensive disposable plastic cases for pillows used in surgical areas; these cases are also suitable for wrapping clean blankets going from the laundry to the using service.

The hospital has floor and wall fans — all sizes, makes and shapes. There was an assortment of covers, ranging from plastic potato bags to flowered pillowcases, which were laundered and stored each year wherever possible. **The chief of the housekeeping division at Downey, Ill., suggested plastic suit covers.** These are most inexpensive and are discarded after use.

Ladders could not be stored on the wards easily and our supply room was a considerable distance from many of the wards. Women could not carry them easily, yet they were expected to do the same work as the men. So either our women employes had to struggle with a ladder or we had to provide something better. Scaffolding was not the answer, although we do use it in certain areas.

Supplier Found Solution

A janitor supply house was asked to help us solve this problem by manufacturing a special tool we had designed for cleaning high places. After many tests we had one that virtually eliminated ladders. This tool is made of hollow aluminum tubes, which has extensions that can make it any length desired. A ratchet permits the mop head to be set at any angle, and the mop head itself is on a swivel, permitting it to turn freely with very little wrist action. It is used to clean high ceiling lights, stairwells, tops of library bookshelves, clocks and ducts, to change light bulbs, or to wash walls. The employe does not tire while using it; he stands on the floor and he can easily dismantle the tool for storage.

Our hospital has many doors with either half plates or strips of metal on the lower half. These strips tarnish, and hand cleaning is expensive. One of our supervisors suggested an electric hand polisher similar to those used for cars. It has worked very well.

There is a connecting ramp between the main building and the administrative building. It has a considerable slope and many people do not like to walk on a polished floor that is inclined. **Rubber matting is not the answer, but there is a new waffle-type of tile which we would like to test in this particular area.**

In the winter we have the additional problems of the three S's: snow, soot and sand. Sand is used extensively at all entrances; it prevents slipping but plays havoc with the floors that, in turn, require more cost-

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A sampling of Hospitals...

U.S. Veterans Hospital, Coatesville, Pa.
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Cooper Hospital, Camden, New Jersey
DePaul Hospital, St. Louis, Missouri
Cardinal Glennon Memorial Hospital for Children, St. Louis, Mo.
Methodist Hospital, Memphis, Tenn.
Akron City Hospital, Akron, Ohio
St. Joseph's Hospital, Memphis, Tenn.
St. Francis Hospital, Wichita, Kansas
Wichita Hospital, Wichita, Kansas
Holzer Hospital and Clinic, Gallipolis, Ohio
Women's Hospital, Detroit, Michigan
Akron Clinic, Akron, Ohio
Henry Ford Hospital, Detroit, Michigan
Morrell Hospital, Lakeland, Florida
Morton Plant Hospital, Clearwater, Florida
Phoebe Putney Hospital, Albany, Georgia
Guernsey Memorial Hospital, Cambridge, Ohio
Grady Memorial Hospital, Atlanta, Georgia
Presbyterian Hospital, Charlotte, N.C.
Tri-City Hospital, Leaksville, N.C.
Vaughn Memorial Hospital, Selma, Alabama
Thomas Hospital, Fairhope, Alabama
National Institute of Health, Bethesda, Maryland
Johns Hopkins Hospital, Baltimore, Md.
Walter Reed Army Medical Center, Washington, D.C.
Sinai Hospital, Detroit, Michigan
Florida State Mental Hospital, Chattahoochee, Florida
Duval Medical Center, Jacksonville, Florida
Emory University Hospital, Decatur, Georgia
Hall County Memorial Hospital Gainesville, Georgia
Lula Hoots Memorial Hospital, Yadkinville, N.C.
Jewish Convalescent Hospital, Cleveland, Ohio
Grace Hartley Memorial Hospital, Banner Elk, N.C.
Boaz Albertville Hospital, Boaz, Alabama
Washington Medical Center, Washington, D.C.
Union Memorial Hospital, Baltimore, Md.
Buffalo State Hospital, Buffalo, New York
Maryland General Hospital, Baltimore, Md.
Henry County Hospital, New Castle, Indiana
Christ Hospital, Cincinnati, Ohio
Childrens Hospital, Cincinnati, Ohio
Thomas Memorial Hospital, Charleston, West Virginia
Morris Memorial Hospital, Milton, West Virginia
Lark Ellen Hospital, W. Covina, Calif.
Roswell Park Mem. Institute, Buffalo, New York
Mount Sinai Hospital, Los Angeles, Calif.
Mercy Hospital, Des Moines, Iowa
Highland Hospital, Rochester, New York
Schoitz Hospital, Waterloo, Iowa
St. Mary's Hospital, Rochester, Minn.
Rochester General Hospital, Rochester, New York
St. Mary's Hospital, Duluth, Minn.
Carbon County Hospital, Price, Utah
Bellevue Hospital, Manhattan, N.Y.
St. Mary's Hospital, Cairo, Illinois
Teaching Hospital University of Mo., Columbia, Mo.
University of Michigan Hospital, Ann Arbor, Michigan
Foote Memorial Hospital, Jackson, Michigan
University of Maryland State Hospital, Baltimore, Md.
Stella Maris Hospice, Townson, Md.
Veterans Hospital, Tupper Lake, N.Y.
Trinity Lutheran Hospital, Kansas City, Mo.
Boone County Hospital, Columbia, Mo.
St. Johns Hospital, Detroit, Michigan
V.A. Hospital, Oklahoma City, Oklahoma
Providence Hospital, Detroit, Michigan
Jessups Reform for Women Hospital, Jessups, Maryland
Western Maryland Chronic Disease Hospital, Hagerstown, Md.
Memorial Hospital of Queens, Jamaica, N.Y.
County Hospital, Fort Stockton, Texas
St. Anthony's Hospital, Queens, N.Y.
V.A. Hospital, Kansas City, Mo.
Queen of the World Hospital, Kansas City, Mo.
Mercy Hospital, Cadillac, Michigan
Herman Kiefer Hospital, Detroit, Michigan
St. Vincents Hospital, New York, N.Y.
Grace Hospital, Detroit, Michigan
Jewish Medical Center, Baltimore, Md.
Massachusetts General Hospital, Boston, Massachusetts
Bronson Methodist Hospital, Kalamazoo, Michigan
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ly maintenance. Everybody recommended de-icers but it was discovered that a de-icer is like a snow tire — good for precisely what it says, ice or snow. Whatever was used did not cover the immediate emergency.

One employe received an incentive award for testing a method to clean rugs in place; previously, rugs went out on contract.

Venetian blinds were the usual problem in a climate where coal is burned and the wind brings debris against the screens and open windows. A special slotted, twin sponge tool was purchased, one for each hand, and the time required to clean a venetian blind in place was reduced to 11½ minutes.

Soft drink machines were in approximately 40 areas throughout the hospital. Many man-hours were used by housekeeping division employes picking up empty bottles and returning them to a central point; the bottles also attracted vermin. **Liquid dispensing machines were installed and the number was cut in half.** This did not eliminate all of the problems but it helped and, furthermore, reduced the hazard of broken glass on the lawns when the mowing machines were in operation.

Color, and its use in the hospital, is another very important phase that we are studying continually. Interior decorating is one of the responsibilities of housekeeping division chiefs. The use of color in the hospital can make it cheerful or gloomy, but it must be used skillfully and with the over-all picture always in mind. In cooperation with the engineering division, we are testing different paints, tiles and coordinated color schemes suitable for each area to be redecorated.

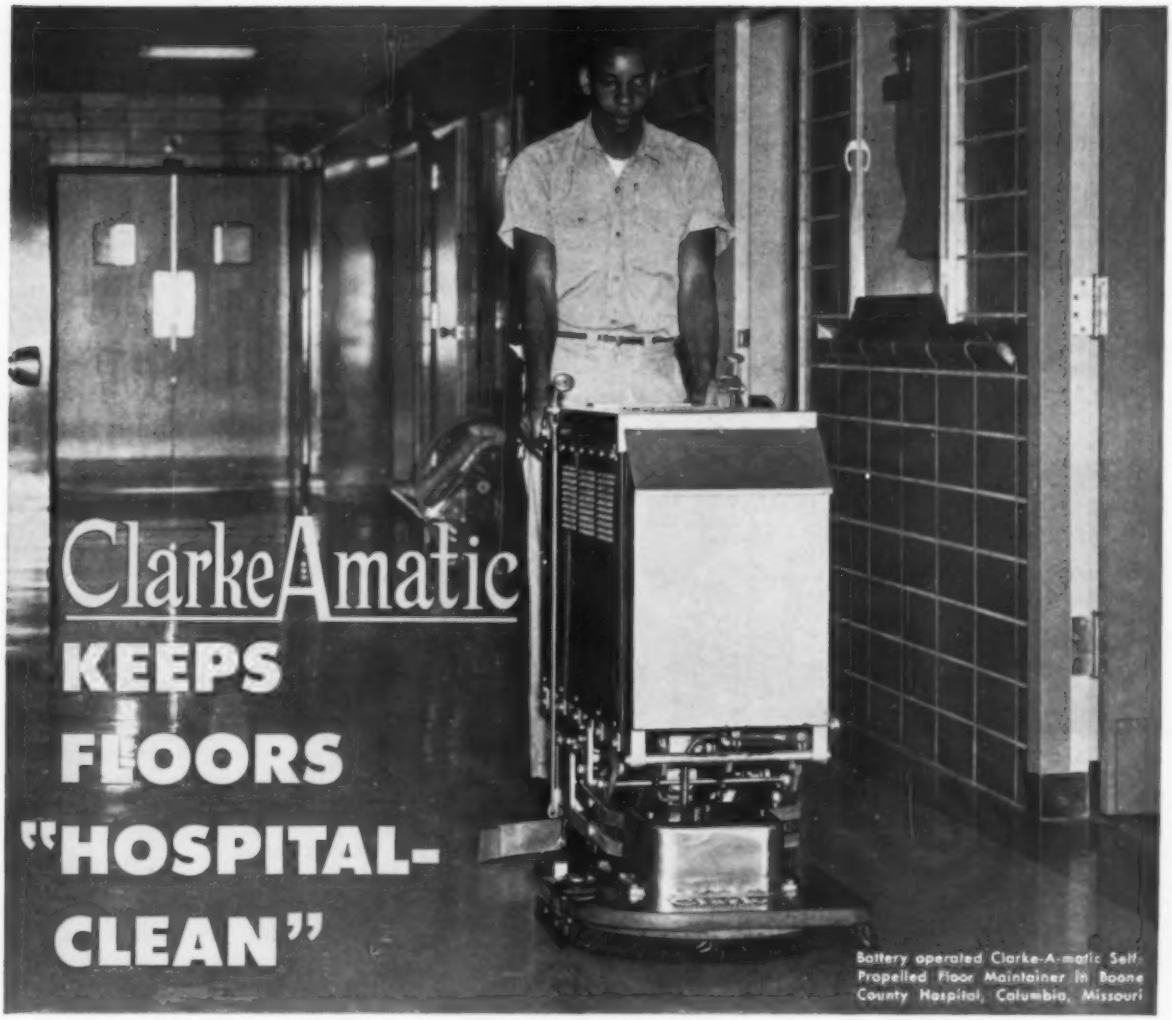
The walls of our emergency admission ward are to be covered with plastic wall covering instead of paint. Two walls are turquoise and two are white. The vertical blinds are white, and the blue will give a softness to the white. We would like to install turquoise cubicle curtains and a white tile floor sometime in the future. Our waiting room is long and narrow and patients sometimes must wait for admission, with nothing much to look at except a blank wall. We had a washable mural showing mallard ducks landing in a marsh placed at the long end of the room.

Windows Were a Problem

In redecorating our dayrooms we wanted something cheerful and easy to maintain for the windows. Vertical blinds in different color combinations and different materials were used. Silk faille vertical blinds were used in some offices. They can be cleaned in place; if a strip is torn or damaged it can be replaced. The entire color combinations may be rearranged as desired.

There are many different types, sizes and styles of windows at Hines, and **occasionally it is a problem to obtain the exact pattern of a drapery material.** One manufacturer, however, has agreed to make his patterns fit the height of the window, which results in a beautiful and uniform design.

When draperies are returned from the dry cleaner the pleats are held in place with paper bands that are not particularly attractive and must be removed by a housekeeping employe. To overcome this problem, we have adopted a new method by which the pleats are rolled into the draperies at the dry cleaners; bands are not used and the draperies fall into at-



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At Boone County Hospital in Columbia, Mo., there's nothing but praise for the Clarke-A-matic floor maintainer.

Director of Housekeeping Harold Spry calls it "the ultimate in efficiency and performance in a floor-cleaning machine", says "it takes one-fifth the time . . . is easy to operate and does a job far superior to the out-dated mop-and-pail method . . . and is the finest machine for its purpose on the market today."

Nice words. Backed by fact, too. Before purchasing its battery powered (especially well suited for hospitals with its quiet, cable-free operation) Clarke-A-matic, the hospital's 90,000 sq. ft. of floor area was cleaned five times a week in 60 man hours. Now it's cleaned—*really* cleaned—*every day* in one-fifth the time formerly required.

Imagine the savings *you* can reap by having a Clarke-A-matic clean your floors in 20 percent of the time you're now spending. Stop and figure it out.

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tractive folds immediately when they are hung.

Some years ago aluminum screens were installed in certain areas of the hospital. The screens were covered with a protective coating which has now become the color of varnish. We are awaiting a product that will strip this coating and another one that will protect the aluminum finish.

Floor cigaret urns with sand were a problem. New sand requires storage space, and the sand in the urns has to be cleaned several times daily. Floor urns must be moved a minimum of twice daily for cleaning underneath, and while wall urns are attractive, the standard colors did not harmonize with the pastel walls of our inner corridors. At one of the local shows a vice president of a firm heard our comments that we would like a color to match the corridor. He offered to manufacture the exact color and these have proved to be very attractive. If, at a later date, the wall color is changed this same tone can be sprayed on the wall urns.

Our conference tables were large, heavy wooden tables with fixed legs, and were most difficult to transport from area to area. We now have pale green impervious plastic top tables with folding metal legs. Nine fit on a special dolly that can be moved easily and quickly by foot or truck.

To facilitate planning our work loads we have a plot plan mounted on the wall of our office. Certain colors denote the type of cleaning provided —daily, weekly or standby, and linen and trash pickup points. This plan also facilitates our work with vendors and contractors.

One of our problems was to differentiate between the names of men and women employes, because many of the women had men's names and *vice versa*. Unless the secretary knew them individually, she would have to call the personnel office for information. She requested pink and blue tabs for the card file. It's simple now.

In a hospital the size of ours, there are many mail deliveries and collections. Occasionally mail did not arrive at its destination at the requested time and, of course, the inference was that it had not been sent. That was overcome with the purchase of an "OUT" stamp to be used on outgoing correspondence.

Key Control

The nonhousekeeping section of our division is responsible for approximately 2000 keys to quarters. Key and billeting slips are issued from our office and are left at the main desk for week-end arrivals. Formerly, the keys were loose and could be mislaid. **A special key tag envelope was purchased and visitors return the keys in these envelopes.**

We had, at this time, a division insignia which snapped onto uniforms. If removed, the employe failed to launder it. Insignias could be sewn onto the uniform but this was costly in man-hours. **We purchased a decal, the same shape and color outline as the division insignia.** The decal costs one-twentieth of the cloth insignia and can be placed on the uniform in two seconds. It is placed on the shirt, trouser hip pocket, or dress. The decal is guaranteed to last the life of the uniform.

In the articles presented this month and last we have described some of the specific ways in which supplies and procedures have been standardized in the housekeeping department. Next month's article in this series will deal with distribution of linens. ■

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when Arvinyl *wall panels go up your costs go down . . . and stay down!*

no painting—no patching ever

Arvinyl Wall Panels put an end to your wall maintenance problems . . . thanks to Arvinyl,* an exclusive vinyl / metal laminate that combines the strength of metal and the decorative durability of tough vinyl plastic *permanently bonded together.*

Here is a wall that goes up in *one* operation, easily applied over any existing wall surfaces. Extensively tested and in-use proved in countless applications, Arvinyl is the most perfect interior wall material for hospitals . . . *permanently beautiful, permanently free of the need for patching and painting.*

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ARVIN INDUSTRIES, INC., COLUMBUS, INDIANA

Beauty Is Part of the Plan for Patient Care

(*Continued From Page* 83)

Off-duty facilities include a large recreation room at ground floor level, spacious lobby and lounge on the first floor, and dayrooms with kitchens on the upper floors. Single rooms with connecting baths are provided for 54 graduate nurses. Double rooms, also with connecting baths, accommodate up to 128 students. Ten first-floor apartments, some with living room, bedroom, bath and kitchen, are available for supervisory nurses. The ground floor level tunnel extends to the nurses' residence.

School of Nursing

The school of nursing planned for 200 students is a two-story structure adjoining the nurses' residence. Library, two classrooms, and administrative offices are on the first floor. Nursing arts classroom and practice room, an anatomy and microbiology laboratory, and a chemistry and pharmacology laboratory occupy the second floor. The structure is designed for additional floors if required.

Auditorium

The flat-floor auditorium is acoustically designed and has a projection booth for showing motion pictures. The floor will hold 350 folding chairs and a balcony has 50 fixed seats. The elevated stage is flanked by a chair storage closet on one side and a speakers' room on the other.

Mount Pleasant

The existing Mount Pleasant building was completed in 1952 with 60 tuberculosis beds. It has been air-conditioned and converted to accommodate 48 general hospital beds and 12 TB beds.

Service Building

A gently ramped tunnel from the general hospital ground floor carries steam and chilled water services as well as pedestrian and vehicular traffic to and from the service building. The tunnel enters the service building at the third floor level, owing to the falling contours of the land. At this level are the main laundry and clean linen room and the incinerator charging room. The lowest level has two-story high rooms for the boilers and refrigeration equipment. Electric transformers and switch-gear are also on this floor. ■

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Air Treatment Helps Filter Out Infection

(*Continued From Page* 98)

Filters which had been in use in the air circulators during the study were found to be saturated with dust and dirt. Specimens 1 cubic inch in size were cut out of 27 different used filters and placed on trypticase soy agar surfaces. They were incubated several days at 37 C. and then for several days at room temperature. None of the specimens showed any bacteria growing next to it. Several had no bacterial colonies on the entire test plate, while a few showed some colonies (gram-negative rod types and bacillus species) appearing near the periphery of the culture plate. These, no doubt, were from particles of dirt falling from the sample during planting.

For comparison, ordinary non-treated air filters of glass fiber composition were examined for bacterial content. Nine samples were obtained from another building on the hospital grounds. These had been in use for several weeks and were saturated with dust and dirt particles. Since cubic inch specimens placed directly on trypticase soy agar surfaces showed heavy bacterial growth around the specimen and all over the culture plate, it was decided to do bacterial counts on 1 cubic inch of material. The total counts on these specimens varied from approximately 10 million to around 16 million per cubic inch, or approximately 609,000 to 970,000 per cc. The predominating bacterial species was a pigmented gram-negative rod form which was placed in the Flavobacterium genus. This organism comprised approximately 80 per cent of the total count. The remaining bacterial species included the Bacillus aerobic spore-formers, gram-positive micrococci Pseudomonas and coliform species.

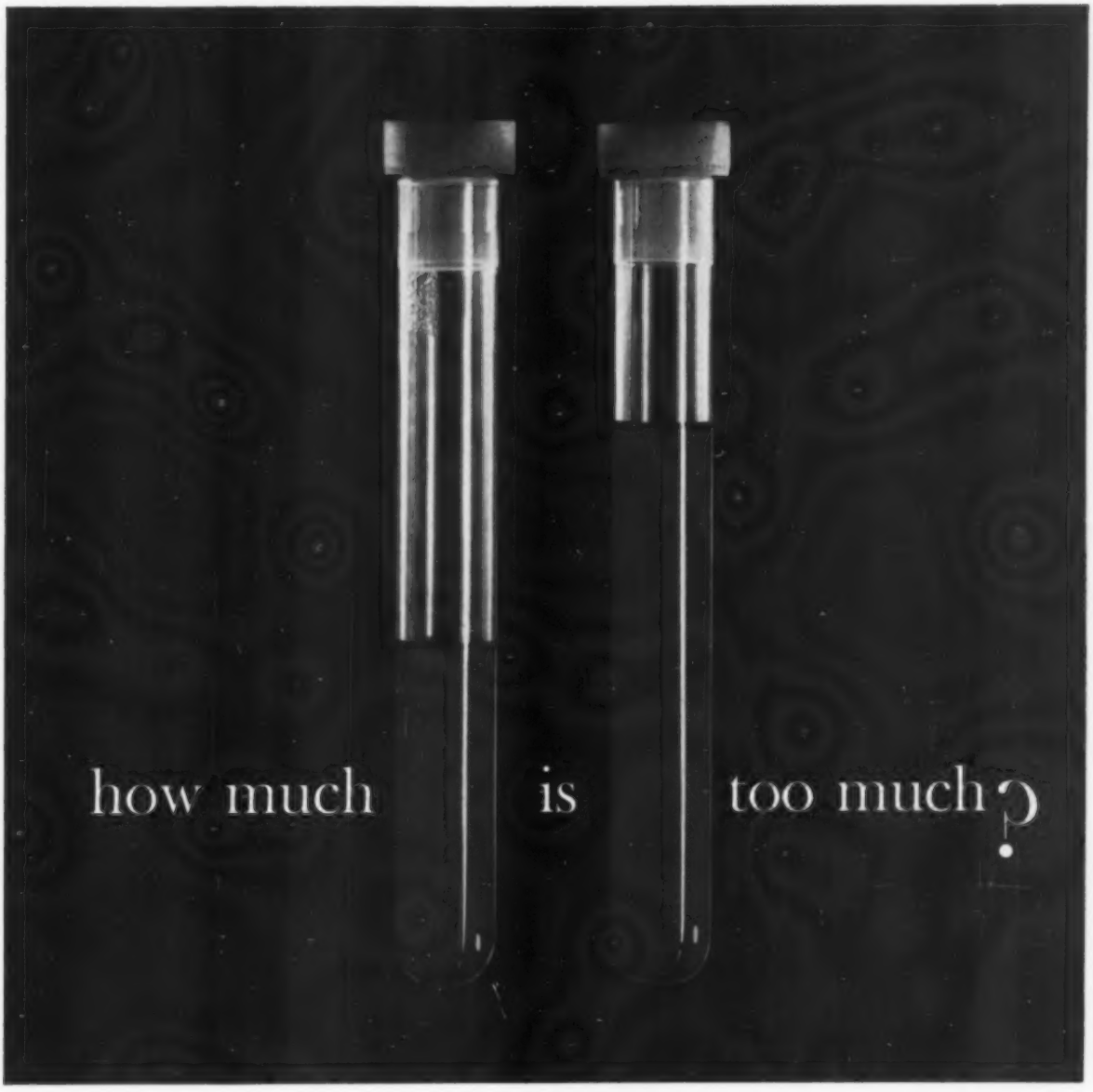
Discussion

Much has been written about the factors which influence the problem of hospital-acquired infections; however, the relative importance of these factors no doubt varies from one hospital to another. Indeed, they can vary greatly within the same hospital.

For example, as overcrowding and staphylococcal contamination of the environment increase, the carrier state among both patients and personnel is minimized. Conversely, under more nearly ideal sanitation conditions, when housekeeping procedures are operating at a proper level and staphyloccus infected patients are isolated properly, carriers may become the most important source of hospital-acquired infection. Nasal carriers may be the most important type under such conditions.[1, 2]

Contaminated air and materials are always an important issue in the problem; they are the link between infection sources and susceptible patients and personnel. The air-borne route is an especially critical one for highly susceptible patients, such as newborn infants, surgical and burn patients, who are exposed to air which is contaminated with pathogen-borne dust, lint and droplet nuclei.

Studies made by Blowers et al.[3] of the control of wound infections in a thoracic surgery unit point out that a direct correlation can be drawn between such infections and air contaminants. The same study showed that incidence of Staphylococcus aureus among personnel and patients decreased when the amount of air contamination by this organism was decreased. (*Continued on Page* 154)



How much blood loss a patient can withstand depends on many factors. However, the wisdom of holding blood loss to a minimum is generally accepted.

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‡Bibliography and detailed literature available on request.

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(*Continued From Page* 152)

During the investigation at Rhode Island Hospital, efforts were made to identify bacterial groups and species found in two pediatric units. Coliform bacteria were but a small portion of the total organisms found. The chief species of medical importance that was found was Staphylococcus aureus. This organism was shown to increase markedly in the air of rooms containing patients with staphylococcus skin infections. Hence, there is indication that the type of bacteria found in hospital air is influenced to a large degree by the type of patient under treatment.

Hudson, Sanger and Sproul[4] reported that in their tests at the Francis Delafield Hospital in New York all housekeeping items on the test floors were treated with a liquid germicide. All air was treated by filters containing the same germicide. After one and a half months of bactericidal conditioning average figures showed air colony counts on test floors to be 87 and 82 per cent lower than counts on the untreated control floors.

In the present study, the only change in normal hospital routines was the treatment of air with germicidal filters. Housekeeping procedures were unchanged. With this air treatment alone, total average bacterial count on the two test floors was reduced by 59 and 70 per cent as compared with the same floors without treatment. More important, the reduction of Staphylococcus aureus counts on the two floors after air treatment was 76 and 88 per cent.

In view of these data, it appears that staphylococci and other pathogenic bacteria carried in the air on dust, clothes lint, and droplet nuclei can be greatly reduced in number with the treatment of hospital air by germicidal filters. These filters have shown the ability to trap such organisms and to kill them.

REFERENCES

1. Hare, R., and Ridley, M.: Further Studies on the Transmission of Staphylococcus Aureus, Brit. M. J., **5062**:69, 1958.
2. Lepper, M. H., Jackson, G. G., and Dowling, H. F.: Characteristics of the Micrococcal Nasal Carrier State Among Hospital Personnel. J. Lab. Clin. Med., **45**:935, 1955.
3. Blowers, R., Mason, G. A., Wallace, K. R., and Walton, M.: Control of Wound Infection in a Thoracic Surgery Unit. Lancet, London, **269**:786, 1955.
4. Hudson, P. B., Sanger, G., and Sproul, E. E.: Effective System of Bactericidal Conditioning for Hospitals, J.A.M.A., **169**:1549, 1959.

Filters and circulators described here were provided by Fram Corporation, Providence, R. I.

Dispensing Machines Are Becoming Indispensable

(*Continued From Page* 91)

quate. And in their comments, a good many respondents pointed out that the vending machines were a matter of convenience for visitors, patients and staff and were never intended to be a "money-making or money-saving operation," as one individual put it.

Although money making is not the primary purpose of the vending machines, many of the hospitals which replied to the request, "Please give approximate annual sales of all vending machines for 1956 and 1959 and the approximate net profit in 1959," showed a tidy little profit (see chart on page 90). As has been stated, the median figure given for all hospitals reporting sales in 1956 was $2268.14; in 1959 this figure had increased to $3047.05. The median net profit shown for all hospitals was $744.86.

There were great variances in both sales and profits, as the sampling in the chart indicates. Sales ranged from as low as $90 per year to an astonishing $36,000 (reported by one hospital which, however, did not give net profit). Profits generally were reported to be in the $500 to $1500 range, with a few showing figures as low as $10 (one postage stamp machine) and as high as $8200.

Many hospitals explained that they were unable to give specific answers to this question because the proceeds went into the general hospital fund and no separate records were kept. A few stated candidly that it was just too much work to figure out the sales, and one classified such information as "restricted."

More than half (56 per cent) of the hospitals that responded to the question, "Where do the profits go?" indicated that they go into general funds; 25 per cent turn the proceeds over to the women's auxiliary; 15 per cent use the profits for such purposes as employes' Christmas parties, welfare or recreation funds, items not provided for in the general budget, and "to help the poor." In the remaining 4 per cent, the funds are put into a departmental budget or are allocated to nursing scholarships.

One hospital reported that it sees no profit in vending machines; in 1959 it showed a net loss of from $35 to $50. This respondent's mournful answer to "Where do the profits go?" was: "Drain (down the)."

Only 14 hospitals of the 679 reported that the existence of the vending machines had released any employes for other duties. The number of employes freed ranged from 0.6 to 6. One hospital which said that three employes had been freed for other jobs reported that, in addition, the vending machines had eliminated the necessity for adding a third shift in the cafeteria to provide night meals for student nurses. The remaining 11 hospitals in this group stated that one or two employes had been released. By way of contrast, one respondent stated that not only had the machines saved no time – they had increased the time spent by employes who had to clean up the area, replace bottles, and so on.

The final question was "What annual savings have resulted in terms of (a) reduced labor costs and (b) reduced food costs?"

All but eight of the respondents either left this question unanswered or stated that no such savings had been effected. Of these eight, only one reported a reduction in food costs. In this 690 bed hospital, which has 47 machines, reduced labor costs amounted to $18,000, and for food costs, "plus or minus $20,000." The respondent explained: "This requires the additional information that coin operated machines replaced a loosely run late night meal, with the above approximate savings." The annual sales in this institution for 1959 amounted to "plus or minus $15,000."

Savings in labor costs reported by the remainder of this group of hospitals were reported, in descending order, as: $5000 (anticipated), $3600, $3500, $3360, $1800, $600 and $365.

In general, analysis of the replies indicates that, in spite of headaches and frustrations engendered by mechanical foul-ups and the shiftless habits of the eating public, vending machines, in the words of one respondent, "are here to stay and offer a 24 hour service difficult to maintain otherwise. They also provide items not usually available in the hospital, and, if properly managed, create no conflict with the hospitality shop or cafeteria." ■

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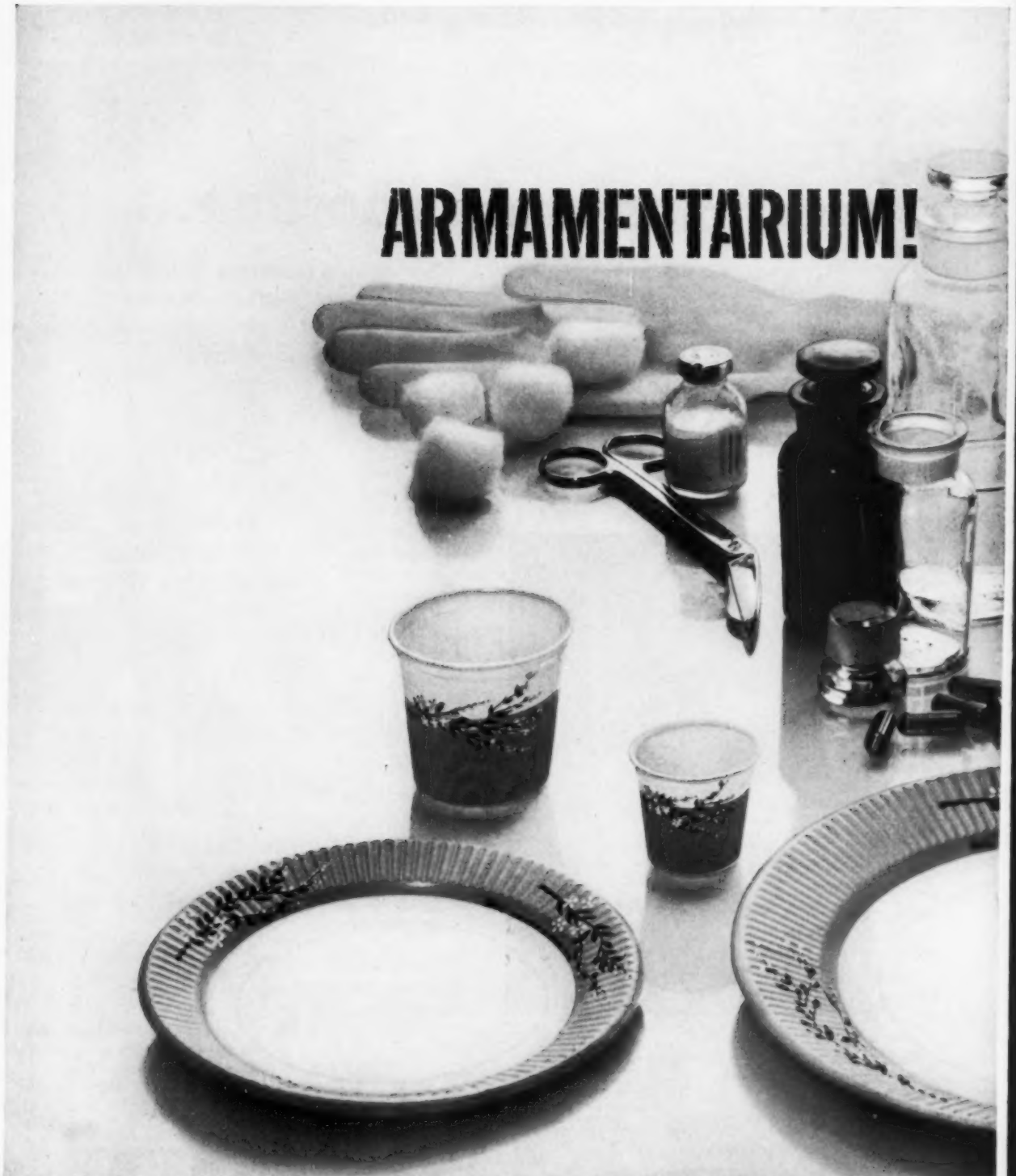

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The Modern Hospital News Digest

Doctors Without Hospital Appointments May Be Hazard, Hospital Council Finds

NEW YORK.* — *Three out of every 10 practicing physicians here do not have hospital appointments that permit them to care for patients in hospital wards and outpatient departments, the Hospital Council of Greater New York disclosed last month.

Stiff hospital policies may be one of the reasons that so many physicians lack appointments, the council suggested in its Bulletin.

"Generally speaking," the council report said, "it may be assumed that the higher the [hospital] standards are held and the fewer doctors who are able to meet those standards, the better will be the care offered in that hospital and the higher will be its reputation in the community."

Trouble is, the council pointed out, "while such staff policies may improve the hospital and its reputation, they may, at the same time, and paradoxically, lower the quality of medical care in the community."

This, the hospital council indicated, is because "a physician who cannot qualify for an opportunity to work in a hospital, where supervision is available, is no better qualified to practice outside the hospital where supervision does not exist." ■

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a pathological problem

Some People Still Aren't Sure Pathologists Are Physicians, Dr. Frank Coleman Asserts

Many of the problems confronting the College of American Pathologists stem from an uncertainty "still in some people's minds" as to whether pathologists should be regarded as physicians, Dr. Frank C. Coleman noted in his presidential address at the annual meeting of the C.A.P. ***(see page 162)***

Union Aides Jailed After Bombings Follow Strike at Cleveland Hospital

CLEVELAND. — Three union officials were jailed here last month following two bombings that apparently resulted from a short-lived strike at Huron Road Hospital in East Cleveland.

One of the bombings was at the home of a nonunion hospital porter and the other took place in an automobile parked near the home of another nonunion hospital porter.

Police think both bombings were an outgrowth of a union organizing attempt at the hospital, according to a recent report in the *Cleveland Plain Dealer*.

Reportedly held for investigation were Angelo J. Amato, president of Local 500 of the Hospital Workers Union; Sam J. Vecchio, secretary, and Walter P. Marinelli, a trustee.

Local 500 had established picket lines at the hospital on October 12 after 10 service employes of the hospital had walked out in what was described as the first strike ever called against a Cleveland hospital. Two days later a court order by Judge Daniel H. Wasserman banned all picketing at the hospital by granting a temporary injunction against the local. The injunction followed testimony by hospital attorneys in which the union was accused of preventing employes from entering the hospital by picketing and "on occasions by threats," the *Plain Dealer* reported.

Although the three union officials deny any responsibility for the bombings, which occurred a week later, they also refuse to take lie detector tests, a story in the *Cleveland Press* stated.

Detectives, however, believe the bombings were in retaliation against the two porters' failure to support the union or were intended to serve as a warning to nonprofessional employes at other hospitals in the area, the *Press* indicated.

Local 500, which is not affiliated with A.F.L.-C.I.O., claims it represents 500 hospital service employes here and in other parts of northern Ohio, although it reportedly was organized in September of this year.

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Detroit Hospital Grants Courtesy Privileges for Special Care Referrals

DETROIT. — Special privileges have been created at Detroit Memorial Hospital to allow qualified physicians to admit patients for special services not available in their regular hospitals.

The hospital's board of trustees, in announcing the new courtesy staff arrangement, said it would broaden the scope of facilities available to physicians in the area and help to eliminate public criticism of costly duplication of special facilities in hospitals.

Specifically, a physician who is a member of the Wayne, Macomb, Oakland or Monroe county medical societies, and who holds a staff appointment at a J.C.A.H. accredited hospital, will have the opportunity of becoming a "referring physician" on the newly created special courtesy staff. Appointments will be made upon review and approval of a written application and payment of special staff dues of $5 annually.

The physician will be privileged to admit patients for specialty care which is not available or comparable at his primary hospital, to visit his patient and follow his progress, and to write such orders and perform such procedures as may be indicated by prescribed privileges and the best interests of patient care, according to Dr. Harold F. Jarvis, chief of staff at Detroit Memorial.

Pathologists Must Assure Public They Are Doctors, Dr. Coleman Emphasizes

CHICAGO. — One of the big problems facing the College of American Pathologists is the question in some people's minds whether pathologists should be regarded as physicians, Dr. Frank C. Coleman said in his presidential address at that group's annual meeting here.

Dr. Coleman cited a recent hospital association's statement that classified pathologists as "providers of hospital service." This, he emphasized, is contrary to the American Medical Association's position that "the practice of pathology is in the same category as surgery."

Recalling that pathology services were originally included in Blue Cross contracts only on the understanding that they would be transferred when medical contracts became available, Dr. Coleman noted that Blue Cross has been reluctant to give them up. "However, progress is being made."

The College named Dr. Donald A. Nickerson of Salem, Mass., president-elect. He will take office next year.

Chicago Plans 1000 New Housing Units for Aged

CHICAGO. — A program to provide 1000 housing units for the elderly has been launched by the Chicago Housing Authority.

The program will involve construction of 10 buildings of 100 units each, according to Mayor Richard Daley, and is urgently needed because of the "tremendous increase" in the number of aged persons.

The eight-story buildings, each with a solarium and recreational facilities, will be built on pleasant sites around the city convenient to transportation, shopping and hospital facilities, if possible, Mayor Daley said.

The $12 million project will be paid for by 40 year housing bonds.

(*News Continued on Page* 166)

Yes, Doctor, combined treatment with heparin and a coumarin-like drug is called "the closest approach to ideal anticoagulant therapy." And for good reason. Consider:

Panheprin gives almost instant coagulation control. It provides parenteral heparin, the agent of choice for rapid effect on clotting time. Start your patient on Panheprin for immediate protection.

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Our newest booklet, "Abbott Anticoagulants and Their Antagonists," gives details. Ask your Abbott man. Or write Abbott Laboratories at North Chicago, Illinois.

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Stress on Material Gains Won't Instill Dedication, Radiologist Tells Society

ATLANTIC CITY. — Physicians should stop equating success with money, if they would instill a sense of dedication in those who follow them, a medical leader suggested here September 27.

Addressing the American Roentgen Ray Society, President-Elect Dr. Harold G. Reineke, Cincinnati radiologist, gave this counsel, and told his physician-colleagues that "the medical profession, including radiologists, needs to rededicate itself to the altruistic motives in medicine.

"We need to rekindle unashamedly those aspects of medicine that have no bearing on our present preoccupation with economics and political concerns. Cynicism about idealistic motivation pervades our schools and colleges. Cynicism has no place in medicine, and physicians, by setting examples, must in all of their acts embody the ideals of selfless service to others and true devotion to their professional ideals," he continued.

Dr. Reineke suggested that everyone should ask himself: "What is the yardstick of success?" Many times, he said, the "dollar-urge" is allowed to determine decisions that influence a person's entire career.

"The demands for sometimes unreasonable emoluments have occurred too often to be considered as sporadic or isolated instances. Incomes from hospital connections have admittedly been good. But higher incomes do not actually spell success," he said.

The reward in radiology, he counseled, can be based only on competence. "The radiologist who works at his profession with tact and courage, having established his competence and worthiness, will harvest rewards far more satisfying than material gains," Dr. Reineke concluded.

Eight Catholic Hospitals, Philadelphia Blue Cross Agree on Uniform Formula

PHILADELPHIA. — Eight Catholic hospitals here are back in the Blue Cross fold after nearly six months of estrangement over reimbursement.

Restoration of full coverage followed signing of a two-year agreement based on a system of uniform charges developed by the Sister-administrators after they pulled out of Associated Hospital Service April 1.

Blue Cross accepted the uniform system, but requested and received a ceiling on total charges per day. This will limit the average cost per patient day during the hospital stay to approximately $24, according to A. E. vanSteenwyk, executive vice president of Blue Cross.

The dispute involved Blue Cross insistence on basing its payments to the hospitals on cost. The hospitals held out for one based on how much the patient was billed, the *Philadelphia Daily News* reported.

To meet Blue Cross objections to differences on charges from one hospital to another, the Catholic hospitals drew up a standardized table of charges for all hospital services. Blue Cross will reimburse the hospitals on the basis of this schedule of maximum charges to patients.

The hospitals involved are: St. Agnes, Misericordia, Nazareth, St. Joseph's, and St. Mary's in Philadelphia, and Holy Redeemer, Meadowbrook; Fitzgerald Mercy, Darby, and Sacred Heart, Chester.

(*News Continued on Page* 169)

8 second magic in I.V. set-ups

remove metal seal and disc

plug set into center of stopper with a quick thrust

quickly invert bottle to visually check for vacuum and to automatically establish fluid level in drip chamber; clear tubing of air and infuse

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The Saftisystem takes just 8 seconds to set up. There's no searching for the point of entry as there's only one place in the stopper where the set plugs in. The bottle, when inverted, automatically establishes a level in the drip chamber, and the incoming filtered air bubbling up gives a visual check for vacuum.

Medication can be added (aseptically) either before or after the flask has been suspended on the T stand, even after infusion is started.

Hospitals can convert to the Saftisystem "28" without confusion as it is compatible with all closed systems of I.V. administration.

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I. V. SET-UP

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The rubber stopper is exposed and the set plugged in with one thrust. Then bottle is inverted to automatically establish a fluid level in drip chamber. Tubing is cleared of air. Takes about 8 seconds.

I. V. TANDEM SET-UP

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Tandem setups become easy as bottles hook up through the air inlets and the flow automatically transfers from one flask to another as the containers empty.

I. V. "Y" Set-Up for Two Solutions

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Blood Tandem Set-Up

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"Y" Set-Up for Blood and Solution

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A.M.A. Hears Report of Three-Part Plan That Reduced Maternal Mortality Rate

MIAMI BEACH. — Mandatory consultation in complicated cases, constant availability of blood for transfusion, and use of obstetricians to administer anesthetics in 70 per cent of deliveries were named among the reasons for the remarkable maternal mortality record achieved by the Seaside Memorial Hospital, Long Beach, Calif., in a report presented to this year's annual meeting of the American Medical Association.

Dr. Stirling G. Pillsbury of the hospital's obstetrical department said the hospital had lost only one mother in 32,364 deliveries during a 15 year period. The mother who died was suffering from chronic nephritis, he added.

Specialists in obstetrics made about half the deliveries, Dr. Pillsbury said. The hospital requires that a member of an obstetrics consultation committee must be consulted when a delivery presents serious complications, he reported. Verbal consultations are considered sufficient in some cases, he said, while written consultation is required when more serious problems are presented, and written approval of a committee member is obligatory for procedures such as cesarian section.

In another A.M.A. paper, a U.C.-L.A. psychiatrist said that one out of every five pregnancies terminates in criminal abortion. Dr. Jerome M. Kummer called for modification of present laws governing abortion, which he said were "unenforceable."

Reporting the results of experiments with healthy subjects, another psychiatrist suggested that delirium of postoperative and other critically ill hospital patients may result from their isolation as well as from the illness itself.

"The development of neurotic symptoms in healthy, alert, undrugged volunteers under conditions of isolation makes it possible to understand more clearly vexing clinical situations such as postoperative deliria," said Dr. Robert L. Vosburg of the Western Psychiatric Institute. "The deliria of hospitalized patients seems to derive in considerable measure from the effects of isolation. The patient who is physically restrained by his bed, by doctor's orders, by a cast, or by an artificial respirator may become delirious, especially if he is drugged and alone. The effects of illness and drugs heighten the impact of the relative isolation of a hospital room. Each patient needs personal contact, freedom of movement, and knowledge of his situation if he is to have peace of mind and be able to cooperate with the physician in his treatment."

New York Hospitals Elect Peter Terenzio President

NEW YORK. — Peter B. Terenzio, executive vice president of Roosevelt Hospital, New York, has been elected president of the Greater New York Hospital Association.

Mr. Terenzio, who was recently elected to the board of regents of the American College of Hospital Administrators, has served on the association's board since 1954 and is chairman of hospital division of the 1960 Greater New York fund drive.

Three Causes of Fund Drive Failures Listed for Colorado Association

ESTES PARK, COLO. – Failure of local fund drives to finance hospital construction are attributable to three main causes, according to Richard P. MacLeish, executive director of Colorado Hospital Association.

Sr. Mary Assunta

Speaking before the association's annual meeting here, he listed as the three major causes of many failures:

Over-reliance on Hill-Burton, state planning, and government financial aid.

Lack of coordinated voluntary planning.

Lack of well planned public relations programs.

The state Hill-Burton agency is not sufficiently staffed to conduct survey studies and do the immediate and long-term planning badly needed on both area and statewide levels, Mr. MacLeish told the group.

Highlight of the convention, which drew a record registration of more than 300, was a dramatized "mock hearing," directed by Everett W. Jones, hospital consultant.

Playing an investigator, Mr. Jones fired questions at C.H.A. members who played roles of hospital critics from labor, business and other groups that are watching and complaining about hospitals, their costs, care and inconsistencies.

"Witnesses" were questioned on many aspects of hospital community service and costs, the reasons behind Blue Cross premium increases, hospital administration practices, and standardization and application of uniform principles for charging.

The investigation also hit heavily at what hospitals are doing in the fields of coordinated planning for additional hospitals, and recruitment and training of nurses and other paramedical personnel.

New officers elected at the meeting are: president-elect, Milton Speicher, Wray Community Hospital, Wray; president, Sister Mary Assunta, Penrose Hospital, Colorado Springs; vice president, Robert L. Denholm, University of Colorado Medical Center, Denver, and treasurer, Walter Dubach, Children's Hospital, Denver.

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1. Rainier, W. G., and Lee, B.: Hospitals, Jan. 1, 1957. 2. Kehlmann, W. H.: Med. Hosp. 84:104, May, 1955. 3. Hellman, L. D.: To be published.

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States Plan Aid for Aged Under New Law

(*Continued From Page 72*)

Aged program is consistent with the position of the American Hospital Association advocating government responsibility for the health care of the indigent and the medically indigent. It maintains the principle of state administration recommended last year in the A.H.A.-A.M.A. joint program to obtain adequately financed health care for the needy, supported by community resources and tax funds where necessary.

On the other hand, it is discounted by supporters of other methods for financing care of aged persons because states and localities are now having difficulty not only in financing such essential programs as education, but are not now taking advantage of all the federal matching available for existing public assistance programs. For these reasons they believe the states will be unable to make funds available for an adequate medical assistance program for older persons. In addition, the "means test," though intended by Congress to be more liberal than that for old-age assistance, is opposed by many.

The Medical Assistance for the Aged program is the first large-scale federal-state program in the United States to finance health care from tax funds for persons who are not receiving public aid but who might be classified as "medically needy." It should raise the level of payments to hospitals in most states for public assistance beneficiaries and will encourage the expansion of all types of health services — particularly nursing home, visiting nurse, and outpatient hospital services for both public assistance and the "medically needy" groups. Although some state welfare directors and a number of governors, including Nelson Rockefeller of New York, have voiced skepticism about its ultimate effectiveness, nevertheless, all are agreed that it will raise the general level of health care programs for public assistance groups.

The program is certain to keep the issue of health care financing for older persons before the state legislatures and the general public. Failure of any significant number of the states to authorize the new program, and to appropriate the necessary funds as the program expands, will undoubtedly increase the pressures on Congress for other solutions. ■

Surgeons See New Film, Hear Reports on Procedures

(*Continued From Page 86*)

Since the hospitals do 60 heart operations a month, 9000 telephone calls are required in Los Angeles and 180,000 telephone calls over the nation for the estimated 1200 operations that are done a month nationally, it was explained.

Heart toxicity caused by banked blood results from calcium rather than citrate, the California surgeons found. In extensive studies with animals they determined the amount of calcium necessary to nullify adverse effects of citrated blood on the heart. Results achieved later with patients undergoing extracorporeal circulation demonstrate the safety and practicality of using stored bank blood, Drs. Andrew V. Foote, Michael Trede, and James V. Maloney Jr. reported.

On another research panel, surgeons from Beth Israel Hospital, Boston, reported development of an electronic instrument that measures blood plasma volume and counts red cells of surgical patients during operations. The machine is faster and more accurate than manual methods now in common use, Dr. John A. Williams said. It eliminates the need for volumetric pipettings and human computations and can be operated by technicians of ordinary competence, he added.

The instrument supplants empirical approximations of blood volume that are used to guide therapeutic management and determine the patient's fluid balance status, Dr. Williams reported. In addition to its use during surgery, the machine can be used clinically in preventing and treating shock, Dr. Williams and his associates at Beth Israel said.

Total time required for the determination is about 16 minutes, the surgeons reported, including 12 minutes for distribution of an injection of albumin tagged with radioactive iodine, on which the electronic determination is based.

In another report, a Yale University obstetrician described an inexpensive transistorized fetal heart monitor. Only slightly larger than a cigaret package, the monitor can be used to provide an accurate, continuous record of the fetal heart rate throughout labor and delivery, Dr. Edward H. Hon reported.

The interest of surgeons in hospital infections was evident not only in their attendance at the premiere showing of "I Dress the Wound" but also in visits to several scientific exhibits dealing with hospital problems. In one exhibit, Dr. Edward O. Goodrich Jr. of Santa Fe, N. M., demonstrated a helmet-like plastic surgical mask connected to a wall vacuum outlet as a method of reducing oronasal wound contamination. Another exhibit presented a new disposable surgical mask developed by surgeons at the University of Nebraska College of Medicine, Omaha. Other exhibits showed progressive patient care, disaster organization, and a study of blood transfusion complications and results.

An 80 year old surgeon who was active in the College's early crusade for improvement of hospital facilities and standards, Dr. Edward W. Sprague of Newark, N. J., received the American College of Surgeons Distinguished Service Award for 1960.

Gradual Plan To Reduce Rates for Aged Proposed by Ohio Blue Cross

CLEVELAND. — A plan to reduce rates for older Blue Cross subscribers has been proposed by Blue Cross of Northeast Ohio.

In an effort to meet the hospital care needs of the aged, Blue Cross would reduce rates progressively for all subscribers with more than five consecutive years of enrollment. **The plan would ultimately offer completely free protection to those 65 and older who had qualified.**

To provide this coverage for older people, Blue Cross proposed to add 5 per cent to its request for a 22.4 per cent increase in subscriber rates. The plan, if accepted by the Ohio Department of Insurance, will go into effect next January 1.

Andrew Talley To Head Arkansas Association

LITTLE ROCK, ARK. — New officers elected by the Arkansas Hospital Association are: president, Andrew Talley, Clark County Memorial Hospital, Arkadelphia; president-elect, A. Allen Weintraub, St. Vincent Infirmary, Little Rock, and treasurer, Clyde Nevill, Community Methodist Hospital, Paragould.

Medical Costs for Aged Double Those of Younger Persons, Study Shows

ANN ARBOR, MICH.—The average medical expense of elderly Michigan residents is twice as great as the average for those under 65, a University of Michigan survey has shown. The average expenditure is $168 per person for those 65 and over, compared to $85 for younger persons.

The survey, conducted by the U-M Survey Research Center, also showed that median income for older families is only 42 per cent of that enjoyed by younger families; almost half of the aged families have income of less than $2000; for three out of four older families, medical and hospital expenses average 14 per cent of total income — about three times the average for the entire state.

Half of those in the older group have no health insurance, and those who do own policies generally have poorer coverage than those under 65. Because of their lack of insurance coverage and their higher use of hospital care, older persons pay a much larger share of their hospital expenses out of their own pocket than does the rest of the population.

"There is good reason to believe that the relationships found between age, income, need for medical services, and resources available to meet these needs in Michigan are probably applicable to the rest of the country without significant changes," observed professor Walter J. McNerney, director of the medical economics study.

Increase in Stipends for Interns, Residents Noted

CHICAGO. — Interns and residents in hospitals affiliated with medical schools received a 7 per cent increase in stipends during the year ended June 30, 1960.

This was part of a general increase in stipends paid by many of the nation's hospitals, according to the A.M.A. Council on Medical Education and Hospitals.

The council found that the average stipend for an intern in hospitals affiliated with medical schools was $166 per month. In hospitals not affiliated with medical schools, the average stipend was $207, an increase of 4½ per cent over the previous year.

Affiliated hospitals paid 39 per cent of their residents from $101 to $300 per month, the report said. In the nonaffiliated group, 41 per cent of the residents were paid from $101 to $350 per month.

Half-Way House Urged for V.A. Mental Patients

WASHINGTON, D.C. — "Half-way houses" to aid mental patients have been advocated by the Veterans Administration.

Dr. J. F. Casey, director of psychiatry and neurology service of the V.A., has recently encouraged the establishment of half-way houses for those patients who no longer need the care and attention of the hospital and who, with some aid from the hospital social worker or psychiatrist, could learn to live independently again.

Dr. Casey cited as successful two half-way houses already in operation in Gulfport, Miss. He said that the number of the houses that can be set up will depend largely upon the local reception of the idea.

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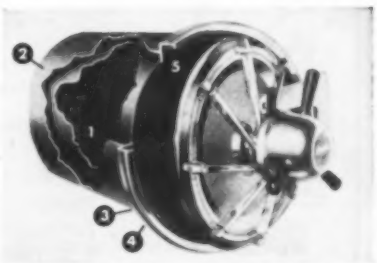

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COMING EVENTS

AMERICAN ASSOCIATION FOR ADVANCEMENT OF SCIENCE, Philadelphia, Dec. 26-31.

AMERICAN MEDICAL ASSOCIATION, Clinical Meeting, Park-Sheraton Hotel, Washington, D.C., Nov. 28-Dec. 1.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, Statler-Hilton Hotel, Los Angeles, Nov. 11-18.

ARIZONA HOSPITAL ASSOCIATION, Hiway House, Tucson, Nov. 17, 18.

FLORIDA HOSPITAL ASSOCIATION, Everglades Hotel, Miami, Dec. 1, 2.

ILLINOIS HOSPITAL ASSOCIATION, Pick-Congress Hotel, Chicago, Dec. 1, 2.

MINNESOTA HOSPITAL ASSOCIATION, St. Paul Hotel, St. Paul, Nov. 17, 18.

MISSOURI HOSPITAL ASSOCIATION, Hotel President, Kansas City, Nov. 16-18.

NATIONAL ASSOCIATION FOR MENTAL HEALTH, Denver-Hilton Hotel, Denver, Nov. 16-19.

RADIOLOGICAL SOCIETY OF NORTH AMERICA, Netherlands-Hilton Hotel, Cincinnati, Dec. 4-9.

1961

ALABAMA HOSPITAL ASSOCIATION, Whitley Hotel, Montgomery, Jan. 19, 20.

AMERICAN COLLEGE OF HOSPITAL ADMINISTRATORS, Fourth Annual Congress on Administration, Morrison Hotel, Chicago, Feb. 2-4.

AMERICAN COLLEGE OF SURGEONS, Sectional Meeting, Philadelphia, March 6-9.

AMERICAN HOSPITAL ASSOCIATION, Annual Convention, Convention Hall, Atlantic City, Sept. 25-28.

AMERICAN MEDICAL ASSOCIATION, Congress on Medical Education and Licensure, Palmer House, Chicago, Feb. 4-7.

AMERICAN PROTESTANT HOSPITAL ASSOCIATION, Muehlebach Hotel, Kansas City, Mo., Jan. 30-Feb. 3.

ASSOCIATION OF WESTERN HOSPITALS, Civic Auditorium, San Francisco, April 14-17.

CAROLINA'S-VIRGINIA HOSPITAL CONFERENCE, Roanoke, Va., April 13, 14.

CATHOLIC HOSPITAL ASSOCIATION, Civic Auditorium, Detroit, June 12-15.

GEORGIA HOSPITAL ASSOCIATION, Biltmore Hotel, Atlanta, March 23, 24.

HOSPITAL ASSOCIATION OF PENNSYLVANIA, Penn Harris Hotel, Harrisburg, Oct. 17, 18.

KENTUCKY HOSPITAL ASSOCIATION, Lexington, March 21-23.

LOUISIANA HOSPITAL ASSOCIATION, Captain Shreve Hotel, Shreveport, Feb. 23-25.

MARYLAND-D.C. HOSPITAL ASSOCIATION, Shoreham Hotel, Washington, Nov. 8-10.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, May 17-19.

MID-WEST HOSPITAL ASSOCIATION, Municipal Auditorium, Kansas City, Mo., April 26-28.

NATIONAL ASSOCIATION OF METHODIST HOSPITALS AND HOMES, Kansas City, Jan. 31-Feb. 3.

NEW ENGLAND HOSPITAL ASSEMBLY, Hotel Statler, Boston, March 20-22.

OHIO HOSPITAL ASSOCIATION, Veterans Memorial Bldg., Columbus, April 3-6.

PUERTO RICO HOSPITAL ASSOCIATION, Medical Association Building, Santurce, Jan. 8.

SOUTH DAKOTA ASSOCIATION OF MEDICAL RECORD LIBRARIANS, Rapid City, Oct. 25, 26.

SOUTHEASTERN HOSPITAL CONFERENCE, Memphis, April 19-21.

TENNESSEE HOSPITAL ASSOCIATION, Riverside Hotel, Gatlinburg, May 25, 26.

TEXAS HOSPITAL ASSOCIATION, Statler-Hilton, Dallas, May 14-17.

TRI-STATE HOSPITAL ASSEMBLY, Palmer House, Chicago, May 1-3.

UPPER MIDWEST HOSPITAL CONFERENCE, St. Paul, May 10-12.

WISCONSIN HOSPITAL ASSOCIATION, Schroeder Hotel, Milwaukee, March 16.

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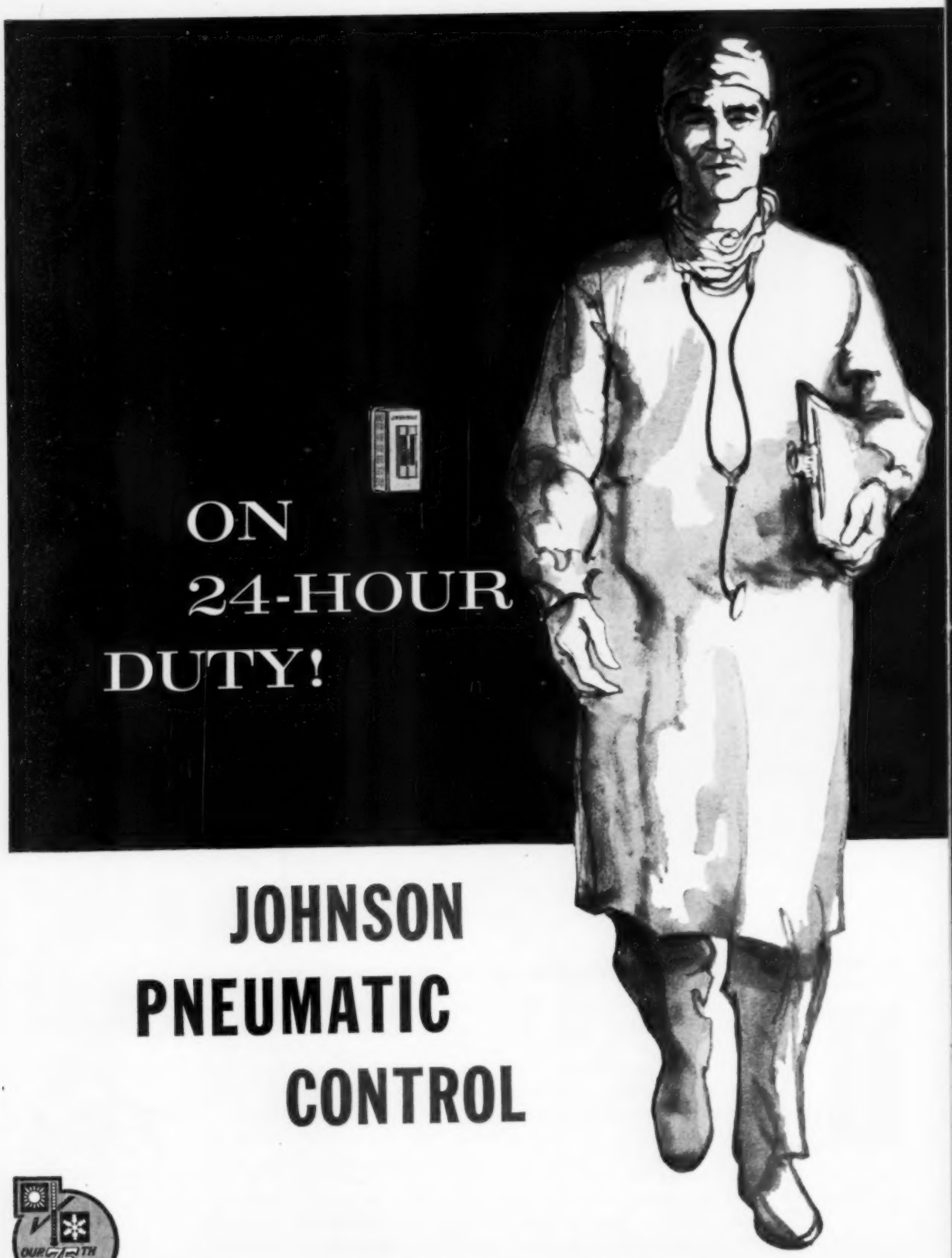

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ABOUT PEOPLE

(*Continued From Page* 104)

J. M. Flinn has been named assistant administrator of University Hospital, Seattle. He is a graduate of the University of California's course in hospital administration and served his administrative residency at Peralta Hospital, Oakland, Calif.

J. Earl Debord has resigned as assistant administrator of Brackenridge Hospital, Austin, Tex. He has been succeeded by **Maury Gray,** who was formerly associated with St. Paul's Hospital and Parkland Memorial Hospital, Dallas. Mr. Debord has accepted a position on the staff of the Board of Methodist Hospitals and Homes, Chicago.

L. V. Stigler is the new administrator of Page Hospital, Page, Ariz., succeeding **Norman M. Brayshaw.**

Dr. Hilary J. Connor has resigned as superintendent of Charles V. Chapin Hospital, Providence, R.I. Dr. Connor has served with the Providence Health Department and the Rhode Island State Department of Health. He has been at Chapin since 1945. **Dr. Edward J. West,** formerly assistant superintendent and clinical director, will succeed Dr. Connor.

Dr. Thomas L. King has been named superintendent of Columbus Children's Psychiatric Hospital, Columbus, Ohio. He has been acting superintendent of the hospital since the resignation of **Dr. Norman Brandes** last July.

Paul Kenneth Potter is the new administrator of Clark County Memorial Hospital, Jeffersonville, Ind. He succeeds **W. A. McAlexander,** who has accepted a similar position at King's Daughters' Hospital, Madison, Ind. Mr. Potter is a graduate of the Northwestern University program in hospital administration and served as chief of administration of the department of medical services for the government of Guam.

Robert C. Krutz, formerly assistant administrator of Citizens General Hospital, New Kensington, Pa., has been appointed administrator of Centre County Hospital, Bellefonte, Pa.

Sister Mary Venarda, R.S.M., has become administrator of Mercy Hospital, Chicago, succeeding **Sister Mary Michael, R.S.M.** Sister Venarda is a graduate of the St. Louis University course in hospital administration. She

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was previously administrator of Mercy Hospital, Davenport, Iowa, where **Sister Mary Ludmilla, R.S.M.,** will succeed her.

Richard D. Springer has been appointed administrator of Broaddus Hospital, Philippi, W.Va. He was previously assistant to the administrator, Ohio Valley Hospital, Steubenville, Ohio. Mr. Springer received his master's degree in hospital administration from the University of Pittsburgh.

Sister Rita Rose, O.P., has been named to succeed **Sister M. Teresita, O.P.,** as administrator of St. Dominic-Jackson Memorial Hospital, Jackson, Miss.

Bertrand B. Nutter has been appointed administrator of Groton Community Hospital, Groton, Mass., succeeding **Muriel Wescott.** Mr. Nutter was formerly administrator of Salem Hospital, Salem, Mass.

Mother Hildegarde, R.S.M., has been named to the position of administrator of Mercy Hospital-Street Memorial, which was formerly held by **Sister M. Amadeus,** who will remain as a staff member.

C. Evans Tyson has been named administrator of Laird's Hospital, Union, Miss. **Dr. Earl Laird,** the former administrator, will devote full time to his medical practice.

Herman Drake has resigned as administrator of Lawrence County Hospital, Monticello, Miss. Mr. Drake's successor has not yet been named.

Wilma Castellaw has been named administrator of the newly opened Banks-Jackson-Commerce Hospital, Commerce, Ga.

Patrick I. Fenlon is the new director of John D. Archbold Memorial Hospital, Thomasville, Ga. Mr. Fenlon, formerly with Hurley Hospital, Flint, Mich., succeeds **George H. Stone,** who is now administrator of Orthopedic Hospital, Seattle.

Sister M. Cornile, R.S.M., has been appointed administrator of Saint Joseph's Hospital, Inc., Savannah, Ga. Her predecessor, **Sister M. Incarnata, R.S.M.,** has been transferred to St. Joseph's Infirmary, Atlanta.

Tunstill O. Presley Jr. is the new administrator of Abernethy Memorial Hospital, Flomaton, Ala., succeeding **Audrey Harwell.** Prior to this appointment Mr. Presley was at Grady Memorial Hospital, Atlanta, Ga.

John J. McDonald has been appointed administrator of Falmouth Hospital, Falmouth, Mass., which is now in the planning stage. He was previously assistant director of Highland Park General Hospital, Highland Park, Mich.

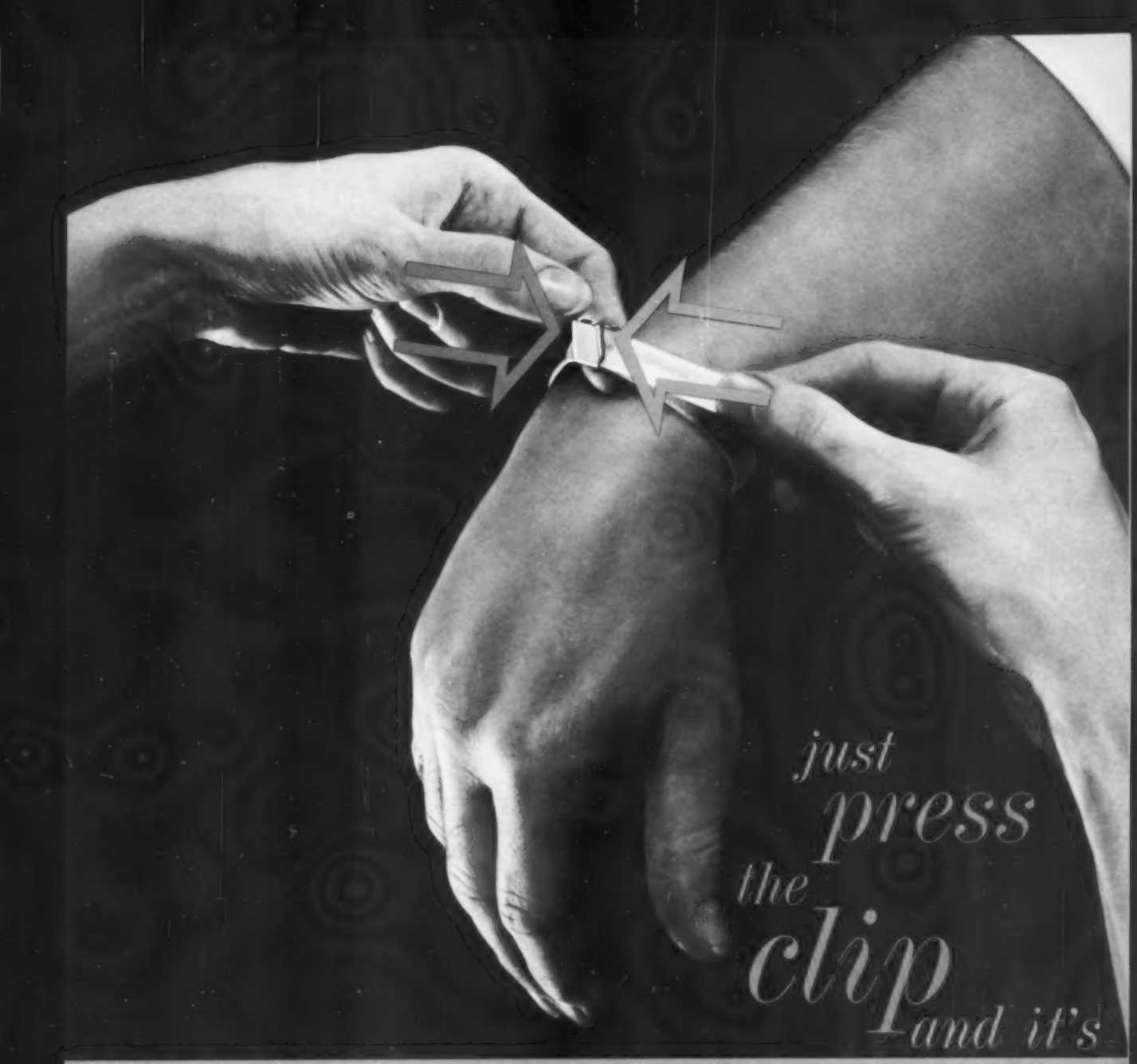
Bruce D. Root has been appointed administrator of Tulare County Hospital, Tulare, Calif. Mr. Root was formerly administrator of Rice County District 1 Hospital, Faribault, Minn.

Mrs. David Crosby has been named administrator of Seaside Convalescent Hospital, Woodmont, Conn. Mrs. Crosby was graduated from New England Deaconess Hospital School of Nursing.

Lee Solberg has resigned as superintendent of Community Memorial Hospital, Syracuse, Neb., to attend a laboratory school at Sioux Valley Hospital, Sioux Falls, S.D. He has been succeeded by **June Lofthouse,** former director of nurses at Lexington Memorial Hospital, Lexington, Neb.

Dr. James E. Forsyth has assumed the duties of superintendent of Southeast Louisiana Hospital, Mandeville, La. He succeeds **Dr. Jesse McClendon,** who has been acting superintendent.

(*Continued on Page* 187)



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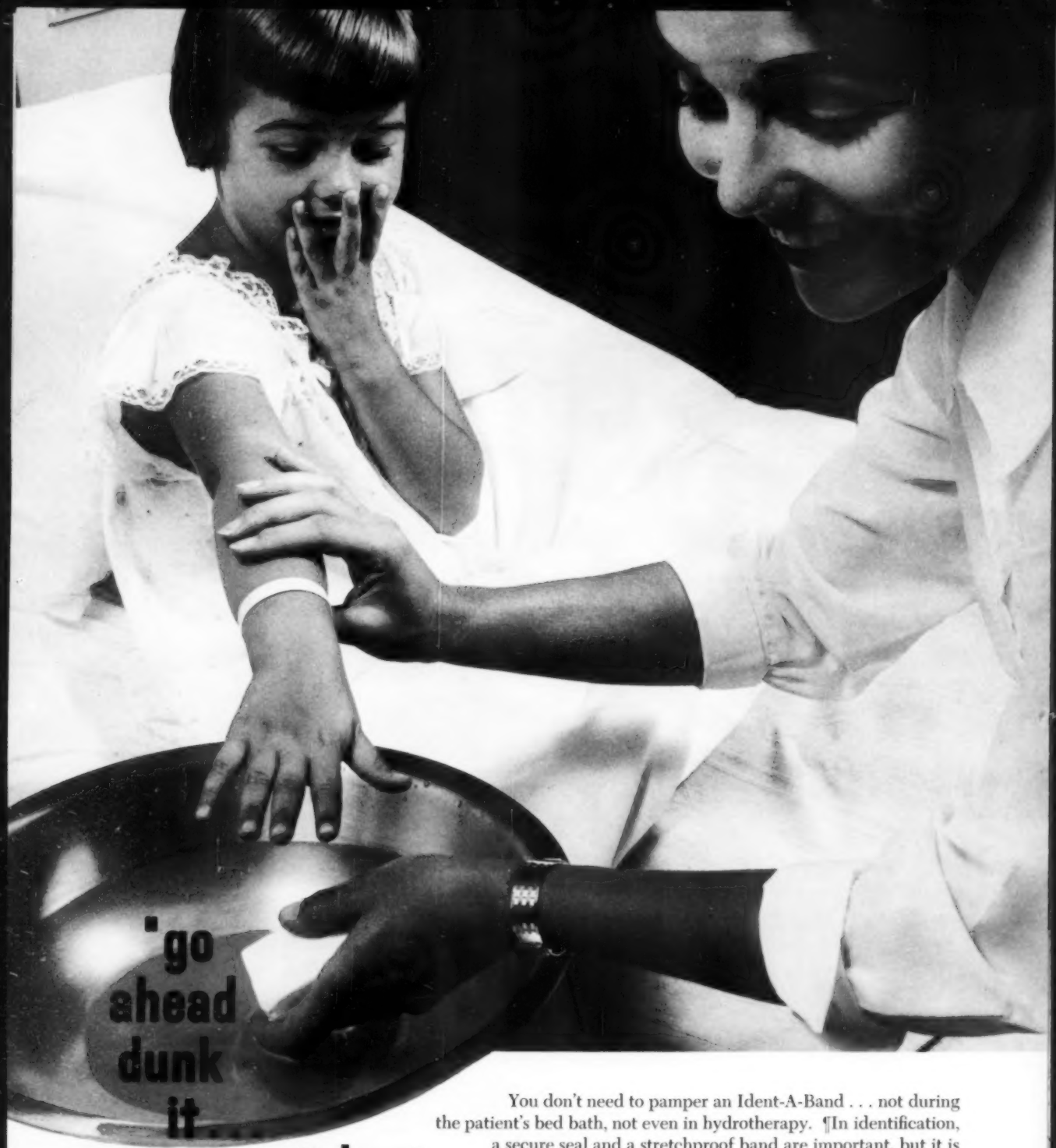

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(*Continued From Page* 184)

Department Heads

Edmund W. Taylor Jr. has been named director of personnel at Jefferson Medical College Hospital, Philadelphia.

Diana Dicks has been named chief physical therapist for Research Hospital, Kansas City, Mo. Miss Dicks received her bachelor's degree from the University of Kansas and her degree in physical therapy from Baylor University.

Dr. Mackinnon Ellis has been appointed director of professional services at Veterans Administration Hospital, West Haven, Conn. Dr. Ellis is a graduate of Princeton University and received his medical degree from the University of Pennsylvania.

Opal Hopkins has been appointed director of nursing service for the new DeKalb General Hospital, Decatur, Ga. She is a graduate of Georgia Baptist Hospital School of Nursing and holds a bachelor's degree in nursing from the University of Georgia.

Bertha Klauser has been appointed director of the school of nursing and nursing service, Augustana Hospital, Chicago. Miss Klauser received her bachelor's degree from the University of Chicago and her master's degree from Columbia University. She has been assistant director of the school of nursing at Augustana since 1953.

James E. J. Brunsgaard Jr. has been appointed executive housekeeper, University Hospital and Hillman Clinic, Birmingham, Ala. Mr. Brunsgaard has been executive housekeeper of New York University Hospital for the last two years and participated in the planning of the new 400 bed hospital there.

Robert C. Bogash has been named chief pharmacist of Mount Sinai Hospital, New York. Mr. Bogash was chief pharmacist at Lenox Hill Hospital, New York, for nine years and is a past president of the American Society of Hospital Pharmacists. At the same time, it was announced that **Andre Borda** has been appointed food service manager at Mount Sinai.

Verena H. Edmunds is the new director of nursing service and nursing education, Maine Medical Center, Portland. Miss Edmunds served as assistant director and director of nursing at Beth Israel Hospital, Boston, before obtaining a master's degree in nursing service administration from Boston University.

Olivia Ullman, executive housekeeper, Aultman Hospital, Canton, Ohio, will retire December 31.

Sister Philomena has been appointed business manager of Hotel Dieu Hospital, El Paso, Tex.

Jamie H. Clements has been named director of development and public relations of Scott and White Memorial Hospital, Temple, Tex.

Dr. John C. Sherman has been appointed director of medical education at St. Clare's Hospital, Schenectady, N.Y. Dr. Sherman was formerly in private practice and, in 1958, was elected coroner of Schenectady County.

Manolia Schult, R.N., has succeeded **Barbara Anne Bradbury** as associate director of nursing at Sherman Hospital, Elgin, Ill. Mrs. Schult had been an industrial occupational health supervisor.

Betty Romm, R.N., has been appointed acting director of nursing at Beverly Hills Doctors Hospital, Los Angeles.

(*Continued on Page* 188)

(*Continued From Page* 187)

William M. Fogarty has been appointed assistant administrator in charge of personnel at St. Clare's Hospital, Schenectady, N.Y. Mr. Fogarty had been personnel manager and director of personnel at the hospital prior to his recent appointment.

Richard Terry has assumed the position of professional relations director at West River Hospital and School for Multiple Handicapped, Hot Springs, S.D. **Gary Jacobs** has succeeded Mr. Terry as speech therapist at that institution.

Dr. George T. Wohl has been appointed head of the division of radiation, Philadelphia General Hospital, Philadelphia. He will succeed **Dr. Bernard P. Widmann** as the chief of the department of radiology and radiation therapist. Dr. Wohl is presently director of radiology service and radioisotope service at Veterans Administration Hospital, Philadelphia.

Dr. John H. O'Donnell has been named head of the anesthesia department of Sewickley Valley Hospital, Sewickley, Pa., succeeding **Dr. M. Esther Cushnie,** who retired recently. Dr. O'Donnell was formerly assistant anesthesiologist at Allegheny General Hospital, Pittsburgh. At the same time the hospital announced the resignation of **Herman H. Ippolite** as administrative assistant. Mr. Ippolite was previously purchasing agent at the hospital and is a past president of the Hospital Purchasing Agents Association of Western Pennsylvania.

Dr. W. Paul Dailey, has been named medical director of Harrisburg Hospital, Harrisburg, Pa.

Miscellaneous

Joseph Sherber has been named assistant executive director for research of the Hospital Council of Maryland, Inc. For the last two years Mr. Sherber has been assistant to the president of the State University of New York Downstate Medical Center. From 1956 to 1958 he was administrative assistant at the New York Hospital. He is a graduate of the University of Oklahoma and received his master's degree in administrative medicine from Columbia University.

Joseph Sherber

(*Continued on Page* 190)

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(*Continued From Page* 188)

Dr. Rena E. Boyle has been named director of the department of baccalaureate and higher degree programs for the National League for Nursing. Dr. Boyle is a graduate of the Methodist Hospital School of Nursing, Peoria, Ill., and did graduate work at the University of Minnesota.

Charles D. Trexler, assistant director of private patient services at North Carolina Memorial Hospital, Chapel Hill, N.C., has been appointed assistant director of the private diagnostic clinic, University of Florida Teaching Hospital and Clinics, Gainesville, Fla. Mr. Trexler received his bachelor's and master's degrees from the University of North Carolina in business administration. The hospital also announced that **Charles Loar,** formerly business manager of Kings' Daughters' Hospital, Ashland, Ky., has been appointed patients' accounts manager. Mr. Loar is a business graduate of Marshall College.

Dr. John B. Youmans has been named director of the American Medical Association's division of scientific activities. He succeeds the late **Dr. Edward L. Turner.** Dr. Youmans was previously technical director, U.S. Army Medical Research and Development Command, Office of the Surgeon General.

Dr. Jerman W. Rose, associate professor of psychiatry and neurology at the University of Nebraska Medical School, Omaha, has been named clinical director of the new child study and treatment center now under construction at Western State Hospital, Fort Steilacoom, Wash.

Dr. Orvar Swenson has been appointed surgeon-in-chief at Children's Memorial Hospital, Chicago. He succeeds **Dr. Willis J. Potts** who has retired from that position after 14 years. Dr. Potts will continue on the surgical staff. Dr. Swenson was previously with the Boston Floating Hospital for Infants and Children and the New England Center Hospital as surgeon-in-chief. He has served on the faculties of Harvard, Simmons College, and Tufts University as lecturer in surgery. Dr. Swenson is a Fellow of the American College of Surgeons.

John F. Cronin has been appointed director of research for the Greater Cincinnati Hospital Council, Cincinnati. He is a former financial editor and city editor of the *Cincinnati Enquirer* and recently has been conducting a public relations service in the medical field.

Dr. Benjamin B. Wells, director of medical education service for the Veterans Administration in Washington, D.C., has been appointed the V.A.'s assistant chief medical director for research and education, succeeding **Dr. John B. Barnwell,** who retired in March. Dr. Wells, a former professor and dean of the University of Arkansas School of Medicine, is a diplomate of the American Board of Pathology and the American Board of Internal Medicine. He has served at V.A. hospitals in Hines, Ill. and New Orleans. The agency also announced that **Dr. H. Martin Engle,** manager of the V.A. hospital, Denver, has been named deputy chief medical director, succeeding **Dr. Roy A. Wolford,** who retired in April.

Irene Burns Miller has become program director of the committee on careers, National League for Nursing, New York, succeeding **Florence S. Burns.** Mrs. Miller has been a mem-

(*Continued on Page* 192)

We Gudebrod silkworms are feeling mighty proud these days. We are working overtime for Gudebrod to make their new HiQ Silk Sutures and gosh, are they strong!

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CHICAGO BOSTON LOS ANGELES DALLAS

(*Continued From Page* 190)

ber of the committee's staff for eight years, as western field consultant for the national nurse recruitment program.

Dr. Joseph Hanford Gerber has been appointed director of the Center for Aging Research of the National Institutes of Health, Bethesda, Md. Dr. Gerber was formerly medical officer in charge of the Indian Health Area office, Aberdeen, S.D. In his new post he will direct the activities of the Center for Aging Research in its responsibilities for coordinating the N.I.H. programs for research in aging. He succeeds **Dr. G. Halsey Hunt,** who is now chief of the Division of General Medical Sciences, of which the Center is a component.

Robert J. Connor has joined the faculty of the program in hospital administration of the University of Chicago. He will be director of research for the program and assistant professor in the graduate school of business. Mr. Connor is a graduate of Johns Hopkins University where he was also a member of the faculty and participated in the operations research studies at Johns Hopkins Hospital.

Robert J. Connor

Deaths

Laurence B. Hutson, 56, administrator for 22 years of North Shore Hospital, Winnetka, Ill., died recently.

Dr. Robert R. McLaurin died recently at the age of 59. He was the owner and director of Laurel General Hospital, Laurel, Miss.

Burton B. Lovell Jr., formerly executive engineer at Hartford Hospital, Hartford, Conn., died recently. Mr. Lovell was a charter member of the American Hospital Association's personal membership department and a contributing author to the A.H.A.'s manual of hospital maintenance.

Correction

Martin Freiwirth has been appointed assistant director of Grand Central Hospital, New York, and not assistant director for professional services as was announced in the October issue of The MODERN HOSPITAL.

The superior performance of DennisonWraps with regard to

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***These frank questions and answers* will help you evaluate reusable double-creped paper DennisonWraps. Maybe you have asked some of these questions yourself in discussing your own autoclaving procedures.**

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Q. *Why do you talk of the floppiness of muslin as if it were a bad feature?*

A. Nursing arts instructors tell us that the average graduate nurse is so accustomed to handling the limp, floppy folds of muslin that she forgets her student days. She forgets the hours of classroom instruction required to teach her how to unwrap packages so that neither the muslin nor its contents are contaminated. The disadvantage of muslin's limpness is apparent when a package is unwrapped on a flat surface such as a table top. If the muslin folds flop down on the surface, two things happen. Bacteria on the surface are dislodged, and air currents are set up. The airborne bacteria can be swirled directly into the contents of the package. This is why floppiness is a bad feature.

Q. *Why are DennisonWraps safer than muslin as far as the unwrapping technique is concerned?*

A. In contrast to the limpness of muslin, double-creped DennisonWraps have a sturdier body. So, they act more predictably when unfolded. This gives the young student less of a problem in learning to control the folds. Moreover, when a package wrapped in DennisonWraps is opened, the shape-conforming paper remains cupped, providing a protective wall around the contents.

Q. *You claim rapid and effective penetration of steam through DennisonWraps. How is this tested?*

A. In two ways. First, by Densometer porosity tests which prove that DennisonWraps freely pass air under pressures encountered in autoclaving; but, not at atmospheric pressure. Secondly, by thermocouples embedded in wrapped packages in the autoclave and attached to an external potentiometer. The time required for the center of the package to reach sterilizing temperature of 121°C is the measure of effective steam penetration. Comparative tests using one layer of DennisonWraps and two layers of muslin show that steam penetration is 5 minutes faster with DennisonWraps. Laboratory reports of these tests are available on request.

Q. *What's the most practical way to introduce DennisonWraps into our hospital?*

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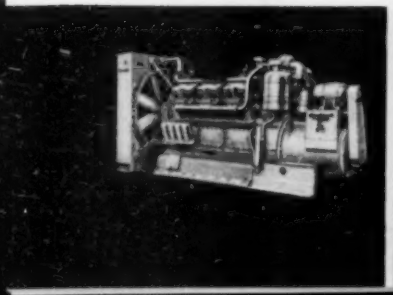

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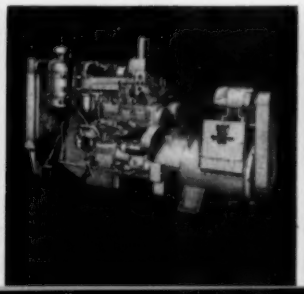

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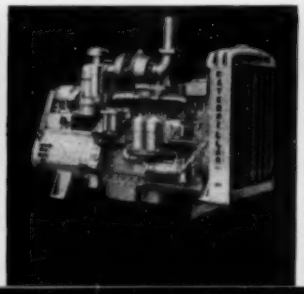

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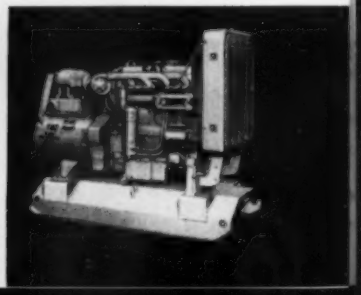

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ADMINISTRATOR-ANESTHETIST — Ten years experience as administrator anesthetist in 32-bed hospital; desires similar position or one as administrative assistant and anesthetist in larger hospital. Write MW 85, The MODERN HOSPITAL, 919 N. Michigan Avenue, Chicago 11, Illinois.

ADMINISTRATOR & ANESTHETIST — Male; seeks position in medium hospital; A.B. and M.S. Degree in Business Administration; no particular location; available immediately; excellent references. Apply MW 90, The MODERN HOSPITAL, 919 N. Michigan Avenue, Chicago 11, Illinois.

ASSISTANT ADMINISTRATOR—200-bed or larger general hospital; Bachelor Business Administration and Master Hospital Administration degrees; also specialized hospital courses; licensed Member A.H.A. heavy on practical experience which includes 15 years in administrative and management positions such as management analysis, personnel management, procurement, and finance; experienced in public relations and public speaking; excellent references; bondable; will accept probationary appointment. Apply MW 86, The MODERN HOSPITAL, 919 N. Michigan Avenue, Chicago 11, Illinois.

COMPTROLLER—Presently successfully employed seeks new challenging position; experienced in establishing cost, credit, collection and budgetary program, machine accounting systems; prefer east coast, south; 200 plus bed hospitals. Apply MW 89, The MODERN HOSPITAL, 919 N. Michigan Avenue Chicago 11, Illinois.

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ANESTHETIST—Nurse; for 604-bed general hospital, no pediatric department, 40 hour week plus overtime, salary open, generous employee benefits. Apply Personnel Office, AKRON CITY HOSPITAL, 525 East Market Street, Akron 9, Ohio.

ANESTHETIST—Nurse; $500; new and modern surgery, unusually strong and well diversified surgical staff; good opportunity in new 260-bed expanding hospital; college town location; good personnel policies, 40 hour week, 7 holidays, hospitalization, social security. Apply F. J. O'Brien, Administrator, CHAMBERSBURG HOSPITAL, Chambersburg, Pennsylvania.

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DIETITIAN—135-bed general hospital; near resorts, good personnel policies and salary. Apply Administrator, MILFORD MEMORIAL HOSPITAL, Milford, Delaware.

DIETITIAN—ADA member preferred; 300-bed accredited general hospital with school of nursing; teaching in school of nursing and supervision of special diets; salary from $4200 depending on experience; liberal personnel policies. Write (or phone collect) Sister M. Josetta, R.S.M. ST. JOSEPH'S INFIRMARY, 265 Ivey Street, N.E., Atlanta, Georgia.

DIETITIAN—Position being created by opening of 120-bed rehabilitation addition to Iowa Methodist Hospital; excellent opportunity for ADA registered hospital trained person; possibility of work in either therapeutic or administrative areas; good pay, liberal benefits. Apply Personnel Director, IOWA METHODIST HOSPITAL, Des Moines 14, Iowa.

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DIETITIAN—Staff; ADA approved; needed at once; approved, private, non-profit, 640-bed general hospital; good employee benefits; laundry service and meals; salary open. Apply to Miss Jo Ann Brown, Personnel Director, AKRON CITY HOSPITAL, 525 E. Market Street, Akron, Ohio.

DIETITIAN—Chief; A.D.A.; with supervisory experience for 160-bed 27 bassinet general hospeital fully approved by the JCAH and by the AMA for resident training; 40 hour week, salary open, 4 week vacation; also: Assistant dietitian; salary open, 2 week vacation, 2 meals and laundry furnished; 40 hour week, 6 holidays; social security; Blue Cross and Blue Shield available. Send resume

(Continued on page 196)

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POSITIONS OPEN

including experience, date available and salary desired to Miss G. A. Cooper, Director, WOMAN'S HOSPITAL, 1940 East 101st Street, Cleveland 6, Ohio.

DIRECTOR OF DIETETICS—Assistant; A.D.A. member, 40 hour week, 2 week vacation, sick leave benefits, social security; direct patient food service and employee training, 450-bed general private hospital; salary open. Contact Miss R. E. Brown, Director of Dietetics, TOLEDO HOSPITAL, 2142 North Cove Boulevard, Toledo 6, Ohio.

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(Continued on page 198)

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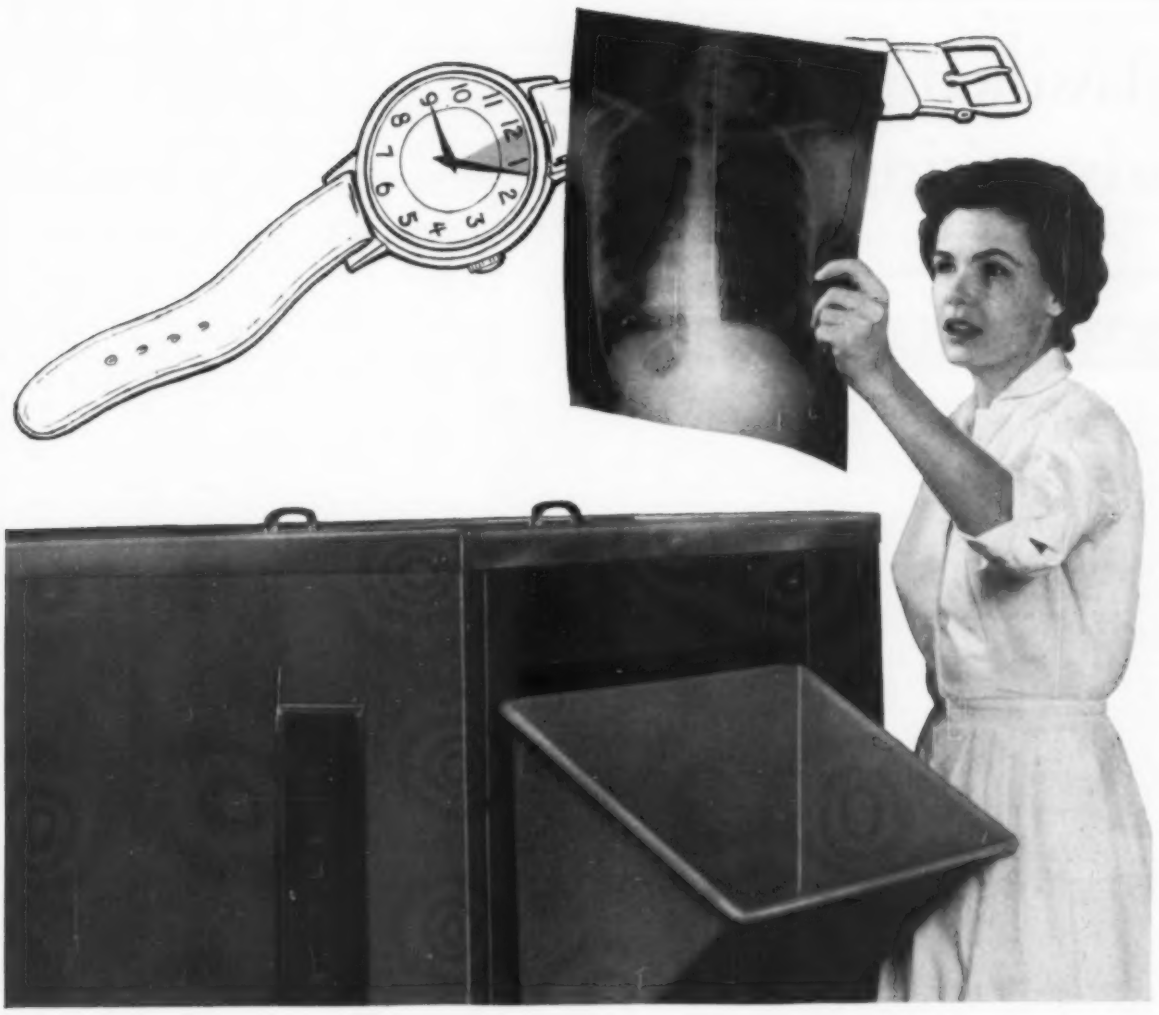
(Continued on page 200)



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LIBRARIAN—Medical record; registered; with supervisory experience for 160-bed 27 bassinet general hospital fully approved by the JCAH and by the AMA for resident training; 40 hour week, salary open and commensurate with ability and experience. Send resume including experience, date available and salary desired to Miss G. A. Cooper, Director, WOMAN'S HOSPITAL, 1940 East 101st Street, Cleveland 6, Ohio.

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NURSES—Psychiatric; rewarding careers for both men and women as professional nurses in nation's largest Federal mental hospital; progressive teaching program and opportunities for participation in National Institutes of Health research projects; beautiful hospital grounds in residential section near U.S. Capitol; several near-by universities offer opportunities for advanced education; positions are for staff, head and supervisory nurses in career civil service with the Department of Health, Education and Welfare; annual salaries range from $4040 to $8230, depending upon education, experience and prior Federal service; liberal fringe benefits include group health and life insurance, retirement benefits, and generous vacation and sick leave. Write Director of Nurses, Office H, SAINT ELIZABETHS HOSPITAL, Washington 20, D.C.

NURSES—Registered; staff nurse positions available; starting salary $300-$450 per month; liberal vacation, low cost hospitalization plan, group life insurance, sick leave and other benefits; opportunity to gain clinical experience in psychiatric nursing; orientation, in-service training and other learning experiences offered during the year. Apply: Director of Nursing Service, The C. F. MENNINGER MEMORIAL HOSPITAL, Box 829, Topeka, Kans.

NURSES—Registered; obstetrical and operating rooms; good working conditions, liberal personnel policies. Apply Director of Nursing Service, WESTERN BAPTIST HOSPITAL, Paducah, Kentucky.

NURSES—Registered staff nurses; 3 year graduates preferred; 80-bed hospital comprised of 42-bed general hospital and 38-bed retired miners; congenial medical staff, rotating shifts $300 month base pay, $15 differential for evenings and nights; 8 paid holidays, 14 days paid vacation, 21 days after 3 years, retirement plan, other liberal personnel policies, beautiful nurses home with television, $45 month full maintenance, town of 9000 surrounded by mountains, desirable climate year round. Apply Director of Nurses, MINERS HOSPITAL OF NEW MEXICO, Raton, New Mexico.

NURSES—Registered; labor room; general staff duty; all shifts; 3-11 and 11-7 supervisor. Apply Director of Nurses, MARTINSVILLE GENERAL HOSPITAL, Martinsville, Virginia.

PURCHASING AGENT—For State Medical School; Southwestern U.S. $5,784 up; experienced in purchasing with degree; responsibility for large office. Send resume to MO 319, The MODERN HOSPITAL, 919 N. Michigan Avenue, Chicago 11, Illinois.

TECHNOLOGISTS—Medical; ASCP registered or eligible; also, senior technicians with two to three years experience for hematology, blood bank, or pathology of teaching and research hospital in Chicago's Medical Center; University of Illinois affiliation; top salaries for 40 hour week; three weeks vacation and many benefits. Apply Personnel Department, PRESBYTERIAN ST. LUKE'S HOSPITAL, 1753 West Congress Parkway, Chicago 12, Illinois.

TECHNOLOGIST—Medical; ASCP or eligible preferred, hospital experience considered; modern residence available, salary commensurate with experienec and training. Apply ST. AGNES HOSPITAL, White Plains, New York. WH 9-4000 Ext. 26.

THERAPIST—Immediate opening for male OTR to head the activity therapy department in large state hospital; large department with emphasis on industrial activities; other sections within the department include occupational therapy, recreation, education, volunteer services and audio-visuals; hospital is growing with many new buildings and programs; liberal personnel policies; three years experience with one year supervisory level required; salary range from $5400 to $6720 per year. Write Theodore G. Denton, M.D., Superintendent, CENTRAL STATE HOSPITAL, Petersburg, Virginia.

(Continued on page 202)

THE REAL TRUTH about Floor Care Savings:

There is no economy in buying "cheap" products!

WHAT DOES THIS MEAN TO YOU?

Take floor cleaning, for example. Let's suppose you are considering two floor cleaners, Product "A" and Hillyard CLEAN-O-LITE.

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THERAPIST—Staff physical; willing to consider recent graduate; in and outpatient work; well equipped department; good starting salary. Write to the Assistant Administrator, MEMORIAL HOSPITAL, Casper, Wyoming.

The Medical Bureau
M. BURNEICE LARSON—DIRECTOR
Telephone DElaware 7-1050
900 N. MICHIGAN AVENUE, CHICAGO

ADMINISTRATORS—(a) Administrator, construction experience preferred for expansion 200-beds; California hospital, mountain view; $12,000 up. (b) Administrator; excellent opportunity in gowing organization, manage 160-bed hospital, near Mexican border. (c) Manage well endowed geriatrics institution, 60 beds; wealthy suburb large midwest city; $8000. (d) Assistant administrator, 2000-bed hospital university affiliated; leading eastern metropolis, $9000. (e) Administrator; also charge x-ray-laboratory; small hospital, Wisconsin resort land, $7200. (f) M.D. Administrator; 250-bed hospital near Pacific ocean, California; $15,000. (g) Assistant Administrator in Medical service, 400-bed Pacific Island hospital; $15;000. MH11-1.

ADMINISTRATIVE PERSONNEL—(a) Manage food service 350-bed hospital; high departmental status; ability to organize for efficiency; top salary; midwest college town. (b) Credit-collection manager; small Los Angeles hospital; $7200. (c) Engineer; complete plant operation service, 100-beds; assist construction; $7-10,000; midwest (d) Personnel director; establish department, renowned Pennsylvania hospital; 650 employes. (e) Product manager, leading pharmaceutical organization ability sales, liaison, development new drug; to $20,000. (f) Administrative assistant; 150-bed hospital New York; excellent opportunity for new graduate; $6000 start. MH11-2.

ANESTHETISTS—(a) Free lance, small midwest town, excellent financial opportunity. (b) Anethetist; brand new hospital near New Orleans, to $9000. (c) Staff, new 250-bed hospital, San Francisco Bay area; department headed by M.D., $6000 plus. (d) Join one to handle service 90-bed air conditioned hospital near Florida ocean resorts. (e) Chief; 100-bed hospital, Virginia resort, $9,000; prefer male; R.N. MH 11-3.

DIETITIANS—(a) Well experienced for Food Service Management Company; $7200 plus expense account for travel, midwest. (b) Chief; 300-bed hospital, New York; $6000 up; (c) Dietitian; Australia; excellent opportunity; 1 year contract. MH 11-4.

DIRECTORS OF NURSING—(a) Director school and nursing service; 350-bed hospital; 100 students; ideal climate; Texas; to $10,000.

Medical Bureau—Continued

(c) Director of nurses school and service; 250-beds; New England; to $10,000. (d) Assistant director nursing service; 350-bed hospital, San Francisco Bay area, $7200. (e) Director Coordinate In-Service Program, Florida, $6-7200; (f) Director nurses, new 150-bed hospital near New Orleans; $7500. (g) Male director of nurses, ambitious, interested administration, 200-bed hospital; northwest; good salary. MH 11-5.

MEDICAL RECORD LIBRARIANS—(a) Chief; 150-bed hospital near Sun Valley Ski resort. (b) Chief; large renowned hospital; active research center start $7000; commuting distance N.Y.C. (c) Chief, brand new 250-bed hospital near Los Angeles. MH 11-7.

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ADMINISTRATORS—(a) Associate director, entire program, large company, several industries, 28 plants; clinical medicine as applies to an elaborate executive health program; requires a young, personable, certified internist with medical administration experience; $25-$30,000; Calif., recommended. (b) 100-bed hospital to be completed December 1960; about $10,000; Southern California. (c) Assistant; 30-35 with MHA and several years experience not necessarily in the hospital field; 300-bed fully accredited general hospital; report to MACHA; city of 300,000; several colleges; midsouth.

ADMINISTRATIVE POSTS—(d) Assistant clinic manager; nationally recognized group, 60 Board or eligible men long established; university city 150,000; tourist area; $6-$8,500; west. (e) Comptroller; 350-bed, general, volunteer, fully-accredited hospital; about $9-$11,000 university city, central.

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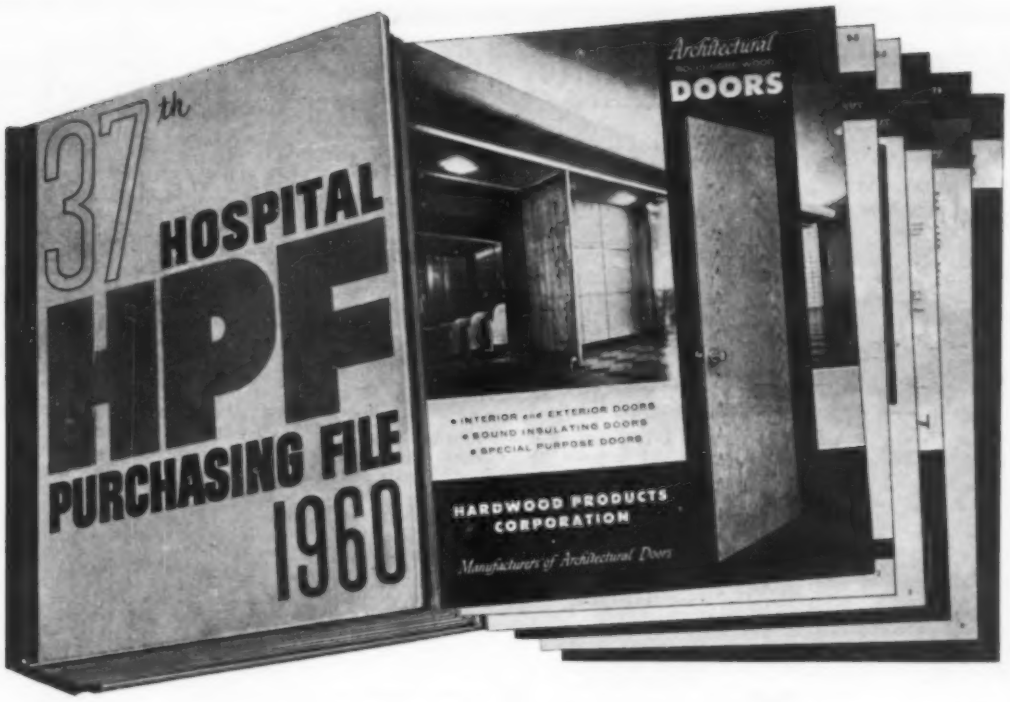
(Continued on page 206)



Do You Want to Know About Hardwood Doors?

In the current edition of Hospital Purchasing File on your desk (it should be there) turn to Catalog Number E-3. You will find 12 pages in full color with detailed illustrations, drawings and specifications of the doors made by Hardwood Products Corporation of Neenah, Wisconsin. Along with 312 other suppliers of routine and once-in-a-while products, Hardwood Products Corporation is putting full buying information in the one place where hospitals have been looking for buying information since 1919. These suppliers are making it easy for you to find the products you want, to evaluate and compare. Be sure Hospital Purchasing File *is* on your desk, or available in your office. Be sure all administrative and departmental people know where they can find it, know what it contains and how to use it.

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NURSES—Director of Nurses (includes female & male); Assistant Director of Nurses, Director of Nursing Administration, Assistant Director of Nursing Service, Medical Supervisors, Surgical Supervisors, O.R. Nurses, O.R. Supervisors, Supervisors of O.R. Nursing, Head Nurse Medical Unit, Head Nurse Pediatric Unit, O.B. Supervisors, Staff Nurses all shifts, Surgical Technicians & School Nurse.

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(Continued on page 208)

BPC

don't use muslin!

don't fumble with bags!

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don't use towelling!

THROW AWAY CROSS INFECTION!

switch to

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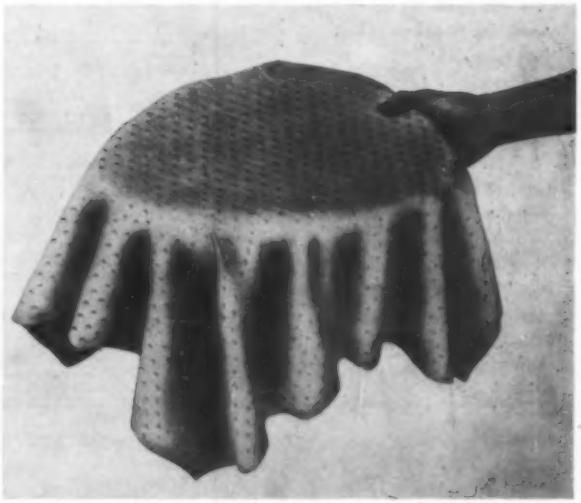
DISPOSABLE, FLUSHABLE BEDPAN COVER



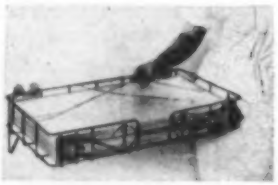
You'll find you've switched to less trouble, less expense . . . and, an invaluable aid in the ever-constant fight against cross infection. Solved forever, the problem of handling and laundering soiled covers!

Made of specially embossed cellulose material, Pan-Drape's generous 24 x 24 size permits full coverage; drapes and clings with the assurance of cloth. Since it disintegrates completely upon contact with water, entire contents of bedpan **including** Pan-Drape can be flushed away.

Pan-Drape makes an essential nursing task easier, safer and more agreeable.

Box of 250 samples available upon request by hospitals

Pan-Drape Dispenser. Sets on shelf or easily mounted on wall. Inquire about our free offer.



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Planning to furnish or refurnish rooms? TEL-HOTEL will custom-design a complete television system just for you.
You can have roll-in TV or TV in custom furniture like the Tele-Chest shown above.
With TEL-HOTEL television you can have any kind of merchandising plan you wish and at no cost. Installation, maintenance, insurance . . . everything is included in the plan.
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Quality Work — Guaranteed

Metal or wood furniture refinished to a like new condition at your hospital. Anywhere in the Southern Hospital District.

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SCHOOL-SPECIAL INSTRUCTION

The CHICAGO LYING-IN HOSPITAL AND DISPENSARY of the University of Chicago offers a six-months course in obstetric nursing to qualified graduate nurses. The course includes all phases of maternity nursing. The student may elect experience in one special area for two months of the course. Modern, attractively appointed kitchenette apartments are provided. Adequate allowance is made for food and laundry. For further information, write to the Director of Nursing, 5841 Maryland Avenue, Chicago 37, Illinois.

(Continued on page 210)

80%

of All Hospitals Use Applegate's Inks

Applegate indelible (silver base) ink is everlasting . . . heat permanizes your impression for the life of the cloth, contains no analine dye.

Use the APPLEGATE SYSTEM

The Applegate marker is the ONLY inexpensive marker that permits the operator to use both hands to hold the goods and mark them any place desired. Hand, foot or motor power.

Write for information and free sample impression slip.

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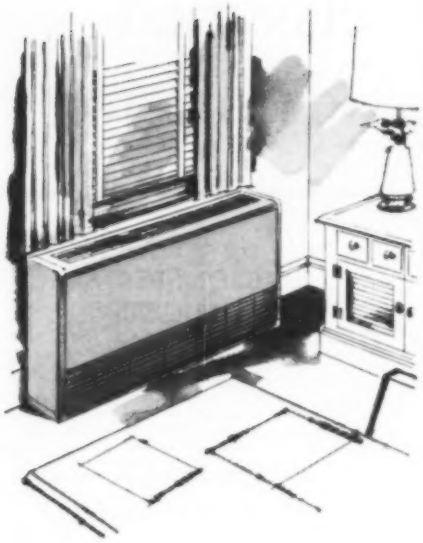
LOOK AHEAD!

Mr. Magoo says you can't afford to be near-sighted about cancer. Too dangerous. Too much to lose. Maybe your life.

Got to look ahead. Play it safe. Many cancers can be cured if detected early and treated promptly.

Be far-sighted. Have a health checkup every year. It could save your life.

AMERICAN CANCER SOCIETY



New Carrier Weathermaster Unit comes complete with self-contained control that improves performance, eliminates water valve problems, reduces installation cost. It automatically maintains room temperature at level dialed by room occupant.

This Carrier air conditioning development solves building maintenance problems

Here's a technical breakthrough in air conditioning of special significance to all who own or manage office buildings, hospitals, hotels or apartments. Carrier engineers have perfected a means of using the well-known and extremely simple air bypass principle to achieve automatic capacity control of high-velocity induction units.

Air bypass replaces the mechanically more complicated regulation of water flow through the coil. This not only completely eliminates costly water valve maintenance problems, but also provides these additional important benefits:

Better control—quicker, more accurate response

Silent action—no water surge or gurgle

Simplified installation—no pneumatic connections

Are you planning new construction or modernization? A Carrier representative will be glad to present the facts about the new Carrier 36R Bypass Weathermaster* Units to your architect and consulting engineer. Just write Carrier Air Conditioning Company, Syracuse 1, New York. In Canada: Carrier Air Conditioning Ltd., Toronto.

*Reg. U. S. Pat. Off.

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SCHOOL-SPECIAL INSTRUCTION

UNIVERSITY OF MICHIGAN offers an 18 month course for nurses interested in anesthesia. Accredited by the American Association of Nurses Anesthetists. Unlimited opportunities for endotracheal intubations open chest, and neuro surgery anesthesia. Stipend provided. For information write "School for Nurse Anesthetists, UNIVERSITY MEDICAL CENTER, Ann Arbor, Michigan".

MT. CARMEL MERCY HOSPITAL offers an 18 month course in Anesthesiology to registered nurses of accredited schools of nursing. Approved by American Association of Nurse Anesthetists. Stipend provided. Write for complete details regarding theoretical and clinical teaching and requirements for entrance. School of Anesthesia, MT. CARMEL MERCY HOSPITAL, Detroit 35, Michigan.

SCHOOL FOR LABORATORY TECHNICIANS—Duration of course, 1 year. Tuition $100.00 approved by the American Medical Association. For further information, write the Director of Laboratories, BARNES HOSPITAL, 600 S. Kingshighway, St. Louis 10, Missouri.

BARNES HOSPITAL: Offers an 18 month post-graduate course in Anesthesia to registered graduate nurses. Theoretical requirements of the American Association of Nurse Anesthetists met, Miss Helen Vos, R.N., B.S., Educational Director, Clinical training includes all techniques and procedures. Stipend provided. For information, write Mrs. Dean Hayden, Director, School of Anesthesia, BARNES HOSPITAL, St. Louis 10, Mo.

ANESTHESIA SCHOOL FOR NURSES, St. Joseph's Hospital, Lancaster, Pennsylvania. 18 month course AANA approved. No tuition. Stipend. Large clinical experience for students including great many endotracheal intubations. For complete details write Dr. N. Kornfield, ST. JOSEPH's HOSPITAL, Lancaster, Pennsylvania.

The PROVIDENCE LYING-IN HOSPITAL offers to qualified graduate nurses a four months supplementary clinical course in Obstetrics. Full maintenance and stipend of $75.00 a month is provided. For full information, apply to the Director of Nurses, PROVIDENCE LYING-IN HOSPITAL, Providence 8, Rhode Island.

How Dial Soap can help curb the staph problem in your hospital

Routine use by personnel and patients suggested as aid in eliminating one source of infection

The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspiration odor.

Now, new and more extensive tests have established that Dial inhibits the growth of a wider range of gram-positive and gram-negative bacteria—including strains that are resistant to antibiotics—than any other leading toilet soap.

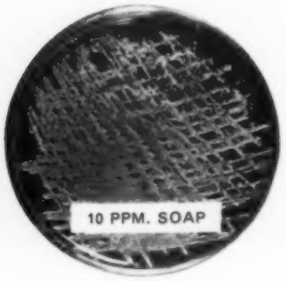
Many physicians already recommend the use of Dial to their patients. And now, this new evidence points up, even more sharply, the benefits of Dial for hospitalized patients and hospital personnel.

Costs no more than other popular soaps . . . comes in three hospital-tested sizes

With its uncommon antibacterial benefit you might expect to pay extra for Dial—but you don't. Trim costs more by choosing bar sizes suited to your hospital. Available in hospital-tested sizes: 1, 1¾ and 2½ oz.—also others. Write our laboratory at address below for technical and clinical information.

FROM THE INDUSTRIAL SOAP DIVISION OF ARMOUR AND COMPANY 1355 W. 31st Street, Chicago 9, Illinois

In vitro tests demonstrate Dial's extraordinary effectiveness



1. Ordinary toilet soap left this heavy growth of Staphylococcus aureus.

2. A widely-used antiseptic soap showed little inhibition of Staphylococcus aureus.

3. Dial soap completely inhibited Staphylococcus aureus.

Edited by BESSIE COVERT

WHAT'S NEW

TO HELP YOU get more information quickly on the new products described in this section, we have provided the convenient Readers Service Form on page 249. Check the numbers on the card which correspond with the numbers at the close of each descriptive item in which you are interested. The MODERN HOSPITAL will send your requests to the manufacturers. If you wish other product information, just write us and we shall make every effort to supply it.

Motorola/Dahlberg Nurse Call Gives Priority to Critical Cases

The new Motorola/Dahlberg transistorized nurse call system is fully automatic and integrated with hospital TV. An important feature gives priority to patients critically ill in reaching the nurse. A switch on the headplate assembly in the

patient's room activates the "priority" system. When a call is placed by this patient, it is received at the Nurse Control Station ahead of other calls. An illuminated panel on the Control Stations and an amber panel on the headplate assembly light simultaneously to indicate the priority call. The system replaces master stations and remote reply stations as well. When a call is placed, the nurse picks up the telephone handset and a voice-actuated relay automatically switches from talk to listen functions as required. All manual operations are eliminated. Room and bed numbers are indicated by lights and the system provides personal voice contact between patient and nurse. **Motorola/Dahlberg Hospital Communications Systems, Golden Valley, Minneapolis 27, Minn.**

For more details circle #475 on mailing card.

Autoclave Bags For Hypodermic Needles

Heavy duty wet-strength paper is used to form the new A.T.I. autoclave bag for sterilizing hypodermic needles. The bag is imprinted with the exclusive A.T.I. purple Steri-Line indicator which turns green after exposure to autoclave conditions necessary for complete sterilization. The same size bag, two by 4¾ inches, is available without the indicator. Both provide space for noting size of needle and date of autoclaving. **Aseptic-Thermo Indicator Co., 11471 Vanowen St., North Hollywood, Calif.**

For more details circle #476 on mailing card.

Free Service Program for Surgical Suture Envelopes

A unique service program, designed to ensure sterility of sutures and save considerable time for surgical nurses, is introduced by American Cyanamid Company Surgical Products Division. The free service is available to hospitals using Surgilope SP Sterile Suture Strip Packs, the double plastic envelopes with the suture contained in the inner wrapper. For surgery, the outer seal is stripped back at the start of the procedure and the inner envelope opened just prior to use. Unopened inner envelopes are presently resterilized by the hospital following surgery. Under the new plan, the operating room supervisor collects the unused envelopes which she ships to the Surgical Products Division Laboratory for resterilization. The fully resterilized envelopes are repackaged after six weeks to permit complete bacteriologic tests to guarantee certified sterility, and returned to the hospital. All steps for cold sterilization, repacking and storage are thus saved for the hospital team and sterility is assured. **American Cyanamid Co., Surgical Products Div., Danbury, Conn.**

For more details circle #477 on mailing card.

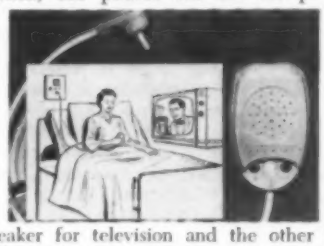
No. 616 Worksaver Cart Provides Extra Shelf Capacity

Only 50 inches high, the new six-shelf member of the Bloomfield Worksaver cart line, No. 616, can pass through any standard door opening. Designed to provide extra shelf capacity for food service and other institutional uses, the unit is made entirely of dirtproof, easy-to-clean stainless steel with a lustrous finish, and has one rubber bumper completely encircling the cart and another on its pushbar. The cart has a 500-pound capacity, yet rolls over any surface easily and quietly on four rubber-tired, ball-bearing-equipped casters. **Bloomfield Industries, Inc., 4546 W. 47th St., Chicago 32.**

For more details circle #478 on mailing card.

Executone Pillow Speaker Reproduces Radio and TV Sound

Radio and television volume controls and channel selector buttons, and a button for originating calls to a nurse, are incorporated into the Executone pillow speaker, a lightweight, compact instrument designed for good low-level reproduction of radio and TV sound. Patient-to-nurse conversations are conducted through the separate bedside station on the wall into which the pillow speaker is plugged. In rooms with a double patient station, one patient can use his pillow



speaker for television and the other for radio without interference. All three controls on the high impact polystyrene plastic speaker are ball-type buttons, and the variable volume control adjusts the volume of radio and TV sound without affecting conversations between patient and nurse. **Executone, Inc., 415 Lexington Ave., New York 17.**

For more details circle #479 on mailing card.

Argyle Plastic Tubing Has Integral Tapered Connector

The result of extensive research, Argyle plastic tubing for medical-surgical use is designed to be readily connected to other tubing or apparatus, requiring no extra tubing or additional plastic connectors. The patented manufacturing process permits the creation of an integral tapered connector end for making connections quickly. The connector eliminates dirt-catching crevices, permits full vision at all times, and is simple and easy to use. Functionally designed to provide maxi-

mum convenience and economy, Argyle tubes are made of highest grade polyvinyl, specially formulated for surgical use, and are odor-free, taste-free and non-toxic and fully transparent throughout the entire length of the tubing. **A. S. Aloe Co., 1831 Olive St., St. Louis 3, Mo.**

For more details circle #480 on mailing card.

(Continued on page 216)

EFHC Fixture Hanger Is Explosion-Proof

Designed for use when suspending fluorescent or incandescent explosion-proof or dust-tight pendant lighting fixtures, the new EFHC explosion-proof fixture hanger has a round body with threaded feed-through hubs. Wiring connections are easily made by removing the threaded cover and exposing the large wiring chamber.

The series is available with ¾ and one-inch feed-through hubs in combination with ½, ¾ and one-inch fixture stem hubs. The fixture hanger Unilet has been approved by Underwriters Laboratories for Class I, Groups C and D, and Class II, Groups E, F and G. **Appleton Electric Co., 1701 W. Wellington, Chicago 13.**

For more details circle #481 on mailing card.

Improved Port-O-Shelf Truck of Anodized Aluminum

The versatile Port-O-Shelf, a mobile storage truck with adjustable shelf design, is now fabricated entirely of anodized aluminum tubing and sheet. The use of aluminum reduces truck weight without sacrificing sturdiness, and the anodized finish won't scratch, chip, crack or peel. The improved unit, equipped with newly designed casters, is priced lower than former models. **MacBick Co., 243 Broadway, Cambridge 39, Mass.**

For more details circle #482 on mailing card.

Frozen Turkey Roll for Portion Control

A new frozen turkey roll is now available for simplified handling and portion control in serving turkey. The fully

cooked and quickly frozen turkey rolls, weighing nine pounds each, save time and waste in handling and permit exact cost and portion control. Storage and cooking space are also reduced to a minimum. Rolls are available with all white meat, all dark meat, or a combination of 60 per cent white and 40 per cent dark meat. **Swift & Co., Union Stock Yards, Chicago 9.**

For more details circle #483 on mailing card.

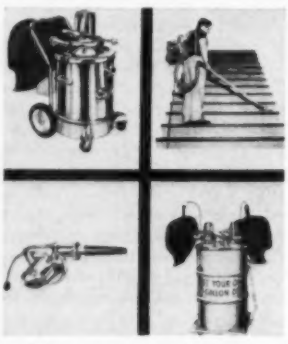
Electroplated Mop Sticks Have Rugged Construction

Electroplating provides the new models 93 and 937 mop sticks with an improved appearance, and stronger construction throughout permits them to withstand the most strenuous use. The sticks feature a special swedge on the ⅜ inch center bolt that ensures firm positioning of the mop, and the bail is formed to fit securely into a socket to prevent loosening or slipping. **White Mop Wringer Co., Fultonville, N.Y.**

For more details circle #484 on mailing card.

Wet-Dry Vacuum Cleaner Has Demountable Motor

A demountable motor that readily converts into a compact blower unit, a portable vacuum cleaner that straps on the operator's back, or a large capacity vacuum cleaner for use with a standard 55-gallon drum makes the new heavy duty wet-dry Clarke vacuum cleaner a versatile unit. It is available with a choice of three interchangeable motor units that develop ¾, one and 1½ h.p. Also featured is an external filter and a 15-gallon heavy gauge stainless steel tank which mounts on



either of the two carriage bases — a wheel base with 10-inch rubber tired rear wheels, two casters and handle, or a caster base with four swivel casters. **Clarke Floor Machine Co., 30 E. Clay Ave., Muskegon, Mich.**

For more details circle #485 on mailing card.

Celairic Cotton Blanket Is Warm and Washable

Made of 100 per cent pure cotton cellular construction, the Celairic Hospital Blanket is made in England and sold in the United States by Merryknit. Warm without weight, the blanket can be machine washed and tumble dried with sheets and other linen. It is completely lint free and static free and can be washed after each patient and sanitized to help control cross infection. **Merryknit Sales Co., 15 North Crossway, Old Greenwich, Conn.**

For more details circle #486 on mailing card.

Disposable Washcloth and Underpad Introduced by Johnson & Johnson

Through an aberration on the part of the editor, a picture of the improved Loress Underpad developed by Johnson and Johnson appeared in the September issue with the story of the soft, disposable and sanitary Day-Lee patient washcloth. Even though the editor was so bemused as to show a washcloth material with a polyethylene film backing, which makes the Loress Underpad completely waterproof for added protection to bed linen, readers would know that this was not a quality which would be built into a washcloth! Our apologies. Each product is carefully designed to give the best results

for its particular use. **Johnson & Johnson, Hospital Div., New Brunswick, N. J.**

For more details circle #487 on mailing card.

Warm Lightweight Blanket Can Be Sterilized in Laundry

Pilot tested in several hospitals, Baker's Cellular All Cotton Blankets can be sterilized by laundering after each patient use without changing the soft lightness of the blanket. The cellular weave gives the blanket an attractive appearance, warmth without weight and sturdy durability. Providing a definite advantage in the control and prevention of cross infection, the blanket requires no special care in laundering, thus saving costs, and does not build up static electricity. **H. W. Baker Linen Co., 315 Church St., New York 13.**

For more details circle #488 on mailing card.

Patient Line Casework Functional and Attractive

Flexibility of combination and size to meet every need is offered in the new St. Charles Patient Line Casework for patient rooms. The functionally designed, attractive items in the line are offered in

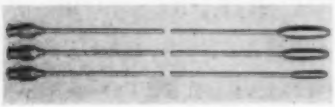
a variety of styles and dimensions to meet the storage, vanity and lavatory requirements of new plans or present building needs. Single unit construction and reduced height and depth permit easy installation of the casework, available in a choice of eleven standard or any custom colors. **St. Charles Mfg. Co., East Main St. & Tyler Rd., St. Charles, Ill.**

For more details circle #489 on mailing card.

(Continued on page 218)

Kron Gall Duct Dilator Includes Irrigating Probe

The new Kron Gall Duct Dilator and Irrigating Probe designed by Samuel D. Kron, M.D., combines in one step the dilating functions of the Bakes dilator and



the irrigating maneuver of a rubber catheter. It consists of a malleable silver cannula with an olive dilator at one end and a lock attachment on the other end for syringe attachment. The 10¾-inch long instrument is available in a set of three sizes. **Dittmar & Penn Corp., 5155 Bellfield, Philadelphia 30, Pa.**

For more details circle #490 on mailing card.

Crest No. 77 Assortment Includes 77 Gold-Pak Stem Kits

The maintenance engineer can have a complete stem department at his fingertips with the Crest No. 77 Faucet Stem Assortment, consisting of 77 Gold-Pak Stem Kits which apply to over 300 fixtures, each boxed and labeled. Included with the assortment are the Faucet Stem and Matching Seat "Eye-Dentification" chart and a new Faucet Guide. **Crest Mfg. Co., Inc., 4-65 Forty-Eighth Ave., Long Island City 1, N. Y.**

For more details circle #491 on mailing card.

Telefunken 600 Dictating Machine Is Battery-Operated

The Telefunken 600, a lightweight, compact, battery-operated dictating machine, uses a grooved magnetic disc as the recording medium, permitting rapid accurate scanning of previous dictation. The machine records from either microphone or telephone, each disc recording up to ten minutes of dictation, and transcription is accomplished easily. Sound is reproduced through earphones and start, stop and repeat are controlled with either a keyboard hand or foot control. Inde-

pendent of any external power source, the unit will operate continuously for ten hours and a separate Battery Recharger is standard equipment. **Inter-Continental Trading Corp., Telefunken Div., 90 West St., New York 6.**

For more details circle #492 on mailing card.

Germproof Toilet Seat Utilizes Chemical Discovery

A new chemical discovery known as Corobex is introduced into the melamine-alkyd finish of the new Puritan Style 600A germproof toilet seat, making it odor, mold and mildew-proof, in addition to protecting against bacteria. When washed with soap and water, Puritan seats are sanitary and the germproof qualities have been certified through extensive checks. The new seats have life-time Celanese Fortiflex plastic hinges. **Century Products, Inc., 3510 Chatham Ave., Cleveland 13, Ohio.**

For more details circle #493 on mailing card.

Disposable Insert Bags for Waste Carts

A disposable six-bushel polyethylene bag for collecting waste in the Waste

Mobile is now available. The bag is discarded with its contents when filled. Time is saved in waste handling and the possibility of spreading dust and bacteria is reduced when the bag is used. **Walton-March, 1592 Deerfield Rd., Highland Park, Ill.**

For more details circle #494 on mailing card.

(Continued on page 220)

Intermittent Suction Machine With VB-1 Vacuum Breaker

The VB-1 Vacuum Breaker is an electrically operated unit which can be attached to any suction machine or wall outlet to perform intermittent suction. It makes no noise, requires no attention while operating, and is attached to the suction line with ¼ inch tubing. The small, lightweight unit, approximately the size of a cigarette package, will operate indefinitely and is enclosed in a stainless steel case. **Pratt Hospital Equipment Mfg. Co., 3007 Southwest Drive, Los Angeles 43, Calif.**

For more details circle #495 on mailing card.

Enstaph Laundry Soap Has Improved Germicidal Action

A complete germicidal laundry soap which includes specially formulated antibacterial agents to control staphylococcus aureus while fabrics are in use, Swift Enstaph is now reformulated for more effective results. Tests indicate that after even one washing in Enstaph, linens have germicidal qualities which prevent the growth of bacteria even when contaminated with body fluids, food and the like. The new, more potent formulation was especially developed for use in the hospital laundry to sanitize linens and to give them bactericidal qualities to help prevent the spread of infection. Documented results of hospital and laboratory tests of the effectiveness of Enstaph are available from the manufacturer. **Swift & Co., Soap Dept., Union Stock Yards, Chicago 9.**

For more details circle #496 on mailing card.

Atlas Food Warmers Have A.G.A. Approval

Safety features which prevent pilot outages and also re-ignite main burners if the flames should be extinguished by placement or removal of pans in the top of Food Warmers are important safety features of the new Atlas Gas Food Warmers with new Stable Automatic Pilots. Robertshaw combination thermostats and safety pilots provide selective, automatic control of temperatures and complete safety in operation to win approval of the American Gas Association. The new food warmers can be equipped with stainless steel well liners for moist or dry operation and food is maintained at its proper temperature. Models are available in any number of sections. **Atlas Division, National Cornice Works, 1323 Channing St., Los Angeles 21, Calif.**

For more details circle #497 on mailing card.

Levolor Woven Aluminum In Two Patterns

Pre-painted aluminum strips are interwoven with nylon to form Levolor Woven Aluminum, a flexible product with resistance to corrosion and general weather deterioration. Produced in two patterns, Tropic Weave and Tapestry, it is rich in appearance, makes attractive draperies and roller shades, and is available in a long line of colors. **Levolor Lorentzen, Inc., 720 Monroe St., Hoboken, N. J.**

For more details circle #498 on mailing card.

Garland Cooking Equipment Now Offered in Colors

Garland gas and electric cooking equipment for institutional installations is now available with colored finishes on oven and compartment doors. A choice of bright yellow or coppertone porcelain enamel is offered, contrasted with Garlands' black baked enamel, blue-black porcelain enamel and stainless steel finishes. **Garland Div., Welbilt Corp., 57-18 Flushing Ave., Maspeth 78, N.Y.**

For more details circle #499 on mailing card.

(Continued on page 222)

The BURGESS-MANNING 3-WAY FUNCTIONAL CEILING

No OTHER HEATING and COOLING SYSTEM SO COMPLETELY SATISFIES the HOSPITAL NEED

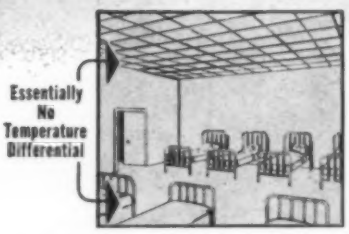
These basic 6 Points of Superiority

1. Maximum Comfort
2. Operating Economy
3. Maintenance Economy
4. Acoustical Efficiency
5. Attractive Appearance
6. Structural Simplicity

have raised the standard of comfort conditioning and provided many "plus" economies

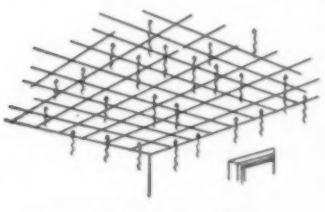
TEMPERATURES UNIFORM THROUGHOUT ROOM

Burgess-Manning Radiant Acoustical Ceiling heating assures uniform temperatures in all parts of the room, from floor to ceiling. Even adjacent to windows, there are no cold or hot areas to aggravate patients or induce colds.



FLOORS ARE ALWAYS WARM

Warm floors are important for mentally disturbed patients, as well as for children. Almost every room floor receives the largest part of the radiant energy emitted from Burgess-Manning Radiant ceiling heat — rarely accomplished by other old types of heating.



COOLING IS EQUALLY EFFICIENT

The Burgess-Manning Radiant Acoustical Ceiling operates in reverse on the cooling cycle. The cool water, circulated in the coils, absorbs radiant energy from the room, thus reducing the sensible heat of the room.

When you *specify* and *install* the Burgess-Manning Radiant Acoustical Ceiling for hospital and institutional heating, cooling and acoustical control . . . you have the highest efficiency in comfort conditioning . . . with greatest design flexibility in installation, and economy in operation and maintenance.

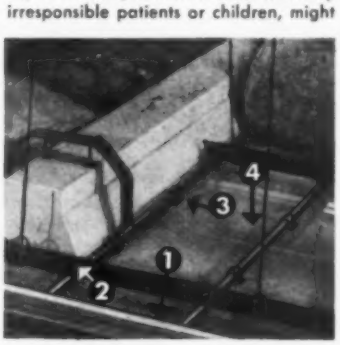
This completely dependable, versatile method of radiant heating, cooling and sound reduction has proven itself in hospitals and institutions . . . it is efficient, easily controlled radiant panel heating and cooling with desirable noise control for maximum human comfort.

For the psychiatric or children's hospital, the Burgess-Manning Radiant Acoustical Ceiling eliminates hot radiators, baseboard convectors and registers, etc . . . which, within reach of mentally irresponsible patients or children, might prove harmful. Thermostats are accessibly placed for authorized personnel use only.

Providing an entirely new standard for comfort in living and working quarters, not only does the Burgess-Manning Ceiling *heat, cool and quiet* in one unit, but its pleasing architectural appearance, standard installation methods and maintenance assure a long-range economy not possible with other old types of heating. Important, too, it operates with standard hot water heating or water chilling equipment, using standard controls.

Specify the Burgess-Manning Radiant Acoustical Ceiling to create comfortable environments for patient and worker; provide uniform radiant heating, uniform radiant cooling, and uniform sound absorption; give complete satisfaction; and insure low operating and maintenance costs.

The complete story of the Burgess-Manning Radiant Acoustical Ceiling, together with specifications and other valuable data, is yours by writing for Bulletin No. 138-3K . . . sent without obligation.



1. **Header**—Prefabricated 1½" square tubing. (ASTM A-120 test)
2. **Coil Spring Clip**—Holds coil on suspension channels. Black oxide finish.
3. **Panel Spring Clips**—Hold snap-on aluminum panels on coil. Black oxide finish.
4. **Snap-on Aluminum Panel**—Finished with two coats of baked-on white enamel.

3 Heating Cooling Acoustical

BURGESS-MANNING COMPANY

Architectural Products Division

749 East Park Ave. Libertyville, Ill.

For additional information, use postcard facing back cover.

Buckeye Terrazzo Seal and Finish Lengthens the Life of Floors

A quick-drying product for maintaining terrazzo floors, Buckeye Terrazzo Seal and Finish is nonskid, odorless and will not discolor. The product dries to a high gloss without the need of buffing and lengthens the life of terrazzo floors by sealing the pores against dirt and grime. Also recommended for floors of asphalt and quarry, composition, vinyl, cork, marble or clay tile, the finish is available in one-gallon cans or five, 15, 30 and 55-gallon drums. **Davies-Young Soap Co., 705 Albany, Dayton 1, Ohio.**

For more details circle #500 on mailing card.

"Microstatic" Impaction Filter Now on Jet-Stream 100 Vacuum

The bacteria-trapping "Microstatic" impaction filter developed by The Kent Company to prevent the release of bacteria into the air from vacuum cleaners is now available on the Kent Jet-stream 100 vacuum cleaner. Offering a recoverable capacity of 10 gallons liquid or 1 2/3 bushels of dry material, the larger cleaner can now be used in all hospital areas, including operating rooms, nursery and patient rooms as well as in other specialized areas such as isolation. The "Microstatic" impaction filter is composed of two layers of a special fiberglass material with filtering action similar to the principle of an obstacle course, which completely traps bacteria. The exhaust system provides an air-flow pattern deflected gently upward and outward in such a manner as not to disturb uncleaned areas. **The Kent Co., Inc., Rome, N.Y.**

For more details circle #501 on mailing card.

Chemicator Chemical Control for Cooling Towers

A small, lightweight closed reservoir mounted on the side of cooling towers through which a portion of the recirculating water flows provides balanced chemical treatment for any water problem. Called the Chemicator, it has a sleeve on the upper portion which holds a weather-sealed plastic tube containing a sequence of variously formulated compressed chemical briquettes to condition the water and prevent the formation of scale and rust, and to control automatic pH, algae and slime. The Chemicator saves power, water, chemical consumption and labor, it has no moving parts, works silently and automatically, and the Briquette refill tubes are easy to handle. **Erlen Products Co., Burbank, Calif.**

For more details circle #502 on mailing card.

Geerpres Graduated Mop Bucket Takes Guesswork Out of Mixing

Cleaning solutions can be mixed correctly without the use of extra measuring cups and pails with graduated mop buckets, new addition to the Greerpres line

of floor mopping equipment. The buckets are ribbed for additional strength, with each rib a graduation that indicates capacity in gallons. Available in four, eight and eleven-gallon sizes, the units are offered in a choice of single, twin or "Convertible" twin models, and include bucket alone, mounted on ball-bearing rubber-wheeled casters, or mounted on casters with a non-marking rubber bumper. **Geerpres Wringer, Inc., 231 Diana St., Muskegon, Mich.**

For more details circle #503 on mailing card.

(Continued on page 224)

IMPORTANT *NEW ARRIVALS* IN THE **GJ** FAMILY...!

LIGHT DUTY **ROLLER LATCHES**

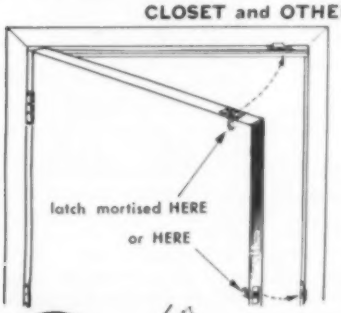
MORTISED-GJ 36 • GJ 37
latch face—2¼" x 1"

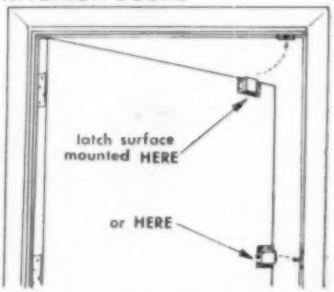
SURFACE MOUNTED-GJ 38 • GJ 39
latch case—1⅜" x 1⅜" x ⅜"

FEATURES: economical • small powerful unit • easy-to-adjust latch pressure
stainless steel parts • nylon roller • combination wood and metal screws
quiet latching • no door rattle • available all finishes

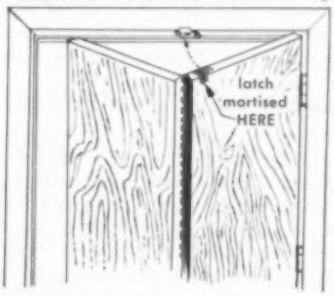
FOR HOLDING ANY INTERIOR DOOR CLOSED in LIGHT COMMERCIAL, INSTITUTIONAL and HOME APPLICATIONS

CLOSET and OTHER INTERIOR DOORS





FOLDING DOORS (mortised only)



see functional display at Booth 52 • NBHA convention

GLYNN•JOHNSON CORPORATION
4422 n. ravenswood ave. • chicago 40, illinois

For additional information, use postcard facing back cover.

Hydro-Vac "Air-Scoop" for High-Speed Floor Cleaning

Designed for fast pick-up of either wet or dry materials, the Hydro-Vac "Air-

Scoop" cleans a 26-inch swath on each pass over the floor and enables an operator to clean up to 25,000 square feet per hour. The new model is available as a complete vacuum unit, or it can be obtained as an attachment for standard 12 or 16 gallon Hydro-Vac wet-dry vacuum cleaners. A squeegee attachment for wet pick-up and bristle tool for dry pick-up are available. **Advance Floor Machine Co., Spring Park, Minn.**

For more details circle #504 on mailing card.

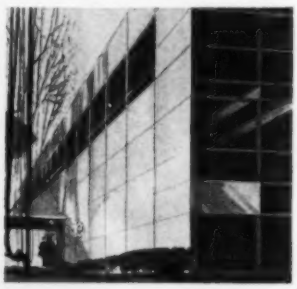
Power Demand Limiter for Electric Unit Ventilators

Barber-Colman introduces an outdoor-compensated cycling mechanism for limiting power demand during unoccupied and warm-up periods in buildings heated by electricity. Normally applied only when utility demand metering equipment is used, the control automatically varies the "on-time" relative to "off-time" on a repetitive cycle basis, increasing "on-time" proportionately as outdoor temperature drops. **Barber-Colman Co., Rockford, Ill.**

For more details circle #505 on mailing card.

Stran-Wall Load-Bearing System for One and Two-Story Structures

Lightweight load-bearing steel structure, colorful porcelain curtain wall panels



that slip into place on the structure, plus aluminum extrusions and attachments are all included in one package to make up the new panel wall system called Stran-Wall. Specifically designed to go up easily and quickly at minimum cost, the new system eliminates the need for heavy structural beams and columns since the steel framing is load-bearing. The lightweight components permit saving on foundations and other savings are effected due to low-cost steel construction and the simplicity of the system. A distinctive nailing groove in the steel framing makes it easy to attach collaterals to the exterior or interior walls, and the thin wall gives more usable floor space. The high quality anodized aluminum alloy mullions, jambs, sills and headers are designed to be snap-fit or attached by concealed screws. **Stran-Steel Corp. (Div. of National Steel Corp.), Detroit 29, Mich.**

For more details circle #506 on mailing card.

Universal Patient Signal Provides Visual Indicator

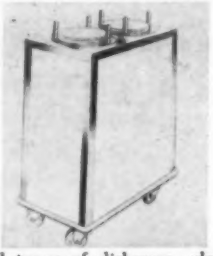
The Series H700 Room Station is a universal signal for the patient room which provides both visual and audible indicator. When the patient pulls the cord, a buzzer is momentarily sounded at the supervisory annunciator followed by a

signal light. Bedside lights may also be turned on automatically when the cord is released. The design permits the new signal to replace the magnetic type, pull cord and locking button stations. All Series H700 stations have single gang, satin finish stainless steel plate, printed circuit, plastic housing, safety break-away link to prevent damage, and a six-foot sterilizable nylon cord. **S. H. Couch Co., Inc., 3 Arlington St., North Quincy, Mass.**

For more details circle #507 on mailing card.

Decor/Lowerator Dispensers Have Formica Side Panels

Side panels of Formica or other plastic laminates may now be built into the mobile AMF Lowerator self-leveling dispensers for automatic dispensing and stor-



age of all types of dishware, glasses and trays. Side panels in the Decor/Lowerator models may be replaced with new colors or designs to harmonize with redecorated food service areas. Supplementing the standard mobile line of Lowerator dispensers, the Decor/Lowerators are easy to keep clean. **Lowerator Div., American Machine & Foundry Co., 261 Madison Ave., New York 16.**

For more details circle #508 on mailing card.

(Continued on page 226)

Model 868 Recovery Room Wheel Stretcher With Accessories

IF IT'S A GENUINE *Gendron*

...IT'S THE FINEST OF ITS KIND!

for quality, durability... for assured patient comfort!

The most versatile, new wheel stretcher designed for convenience and protection of the patient. This low cost recovery room wheel stretcher combines all the important features of the standard wheel stretcher with those requirements so necessary in new, hospital recovery rooms. It is equipped with two swivel fork locks, two brakes, blanket shelf and conductive rubber tires. Side rails can be raised to two positions or lowered entirely out of the way. The intravenous attachment has sockets on each side of the litter, and a durable hydraulic lift for Trendelenberg position elevates approximately 12 inches. 72″ long, 30″ wide and 33½″ from the floor, the Gendron stretcher is made with sturdy, welded tube construction and conductive aluminum bronze finish. Wheels: 10″ diameter, disc type ball bearing. Ball bearing swivel forks. 1¼″ conductive rubber tires. Model 869, same, except of stainless steel at additional cost. Write today for Gendron's complete catalog.

GENDRON ... FOR OVER 85 YEARS THE QUALITY MANUFACTURER OF WHEELED EQUIPMENT FOR THE PATIENT OR THE HANDICAPPED

THE GENDRON WHEEL COMPANY
PERRYSBURG, OHIO

For additional information, use postcard facing back cover.

All Metal Elevation Block Lightweight but Strong

For use in elevating either the head or foot of a bed in cases of shock, cardiac condition, fracture and the like, the new Zimmer elevation block is light weight but strong and stable due to its conical design and all metal construction. Any style caster will fit the cap, which is concave in shape, and the vinyl covered block, available in six, eight and ten-inch heights, requires minimum storage space as any number of units can be nested. **Zimmer Mfg. Co., Warsaw, Ind.**

For more details circle #509 on mailing card.

Smooth Waterproof Mattress Added to Beautyrest Line

The top and bottom of the new Beautyrest Hospital mattress are smooth and have no tufts to catch dirt or grime as the individually pocketed coil construction is tufted on the inside. A completely waterproof ticking is another feature of the mattress, which is sanitized to repel odors and inhibit the growth of germs and bacteria, and is treated with an anti-static inhibitor to make it safe for use in or near operating or recovery rooms. The long life of the mattress makes it economical for hospital use while providing

maximum comfort for patients. **Simmons Co., Merchandise Mart, Chicago 54.**

For more details circle #510 on mailing card.

Koch MU Refrigerators Convert to Freezers

The convertible Series MU Refrigerators introduced by Koch are designed to help solve the problems of allocating space for medium temperature and freezer refrigeration. A wide range of cabinets is available, constructed to standard Koch Freezer specifications, but installed initially with a medium temperature refrigeration "plug" unit. When additional freezer space is required, the "plug" can be lifted out and exchanged for a low temperature unit. MU cabinets, designed to fit into the other Koch Series M installations, are available in one, two, three or four-door sizes. **Koch Refrigerators, Inc., 401 Funston Rd., Kansas City 15, Kans.**

For more details circle #511 on mailing card.

Deco Tread Mastipave Is Long-Wearing Floor Covering

Random-scattered vinyl chips serve not only as decoration in Deco Tread Mastipave floor covering, but hide trackage, scuffs and scratches. The new product is

a tough, long-wearing floor covering with all the advantages of standard Mastipave plus the attractive appearance of sandalwood and beige chips in terra cotta background or gray and green chips in black. Deco Tread Mastipave is sold in rolls one yard wide by 30 yards long, and in nine-inch square blocks. Standard Mastipave and Grip Tread Mastipave for dangerous floor areas continue in the line. **Fibreboard Paper Products Corp., Pabco Div., 475 Brannan St., San Francisco 19, Calif.**

For more details circle #512 on mailing card.

(Continued on page 228)

Precision corrugation...unlimited flexibility assures patient comfort with minimum staff attendance. Single Sanitary Service. Use in **hot** liquids; hygienically treated with 190° micro-crystalline wax. **There's a money saving angle too!** New Lower Prices permit use in all wards. We'll be delighted to send a generous sample package.

FLEX-STRAW®

Flex-Straw Co., Int'l., Box 431, Santa Monica, Calif.
Canada: Ingram & Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary, Vancouver

CONTACT YOUR DISTRIBUTOR FOR NEW LOWER PRICES

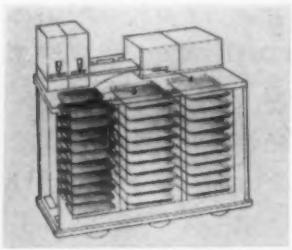
Power-Groove Lamps for High Light Output

The new Director institutional lighting fixture is designed for use with Power-Groove lamps for high light output. The distinctive, modern unit has a 19-inch wide "Area of Light" with the two-lamp fixture producing 30,000 lumens of illumination, thus reducing the number of fixtures required for a given amount of light. The rigid louver may be released from either end for maintenance. **Smithcraft Lighting, Chelsea 50, Mass.**

For more details circle #513 on mailing card.

Match-a-Tray System Speeds Patient Tray Loading

Patient trays can be speedily and accurately loaded in the central kitchen with the new Match-a-Tray system of



tray loading and assembly. With the system, hot foods are kitchen loaded on Match-a-Trays, approximately one-half the size of the patient tray. These are loaded in the hot compartment of a Meals-on-Wheels Electra. Patients trays with all cold foods and accessories are loaded into the cold compartments. On the floor, dietary maids place the patient's trays on the work surface and unload the matching hot food tray outside the patient's door to ensure hot food at the bedside. If preferred, the small tray containing the hot foods can be placed directly on the larger tray for serving. **Meals-On-Wheels-Crimsco, Inc., 3001 E. 59th St., Kansas City 30, Mo.**

For more details circle #514 on mailing card.

Sani-Stack Tray Rack Has Plastisol "Shock Absorbers"

Plastic and fiberglass trays are protected from chipping or other damage when dropped into Sani-Stack Tray Racks with "shock absorbers." Plastisol coated metal pieces to protect the trays may be applied to racks now in use, or installed in new Sani-Stack Tray Racks when ordered. The "shock absorbers" are attached by clips and stainless steel wire. **Metropolitan Wire Goods Corp., No. Washington St. & George Ave., Wilkes-Barre, Pa.**

For more details circle #515 on mailing card.

Self-Stick Sealing on Kenwood Steri-Bags

Designed for packaging syringes, needles, scissors, instruments, catheters, gloves and other items in central supply, Kenwood Steri-Bags are made of strong, 40-pound white paper permeable to steam for sterilizing, that protects sterility until the package is opened. Each bag has a special indicator marking which changes from pink to dark brown when the package has been autoclaved, and provides space for writing in date, contents and

size. Self-Stick sealing that eliminates the need for tape, staples or other closing devices is available on the three most used sizes and on needle bags, which are color coded for gauge. **Will Ross, Inc., 4285 N. Port Washington Rd., Milwaukee 12, Wis.**

For more details circle #516 on mailing card.

Automatic Feeding Mechanism in Ditto Duplicators

"Sure-Feed" is a new automatic feeding system developed for Ditto duplicating equipment. It employs specially designed fingers in place of rubber side pads to ensure trouble-free automatic feeding. Sure-Feed improves feeding of post cards and inferior grades of paper, and permits positive automatic feed of punched or round corner stock. **Ditto, Incorporated, 6800 N. McCormick Blvd., Chicago 45.**

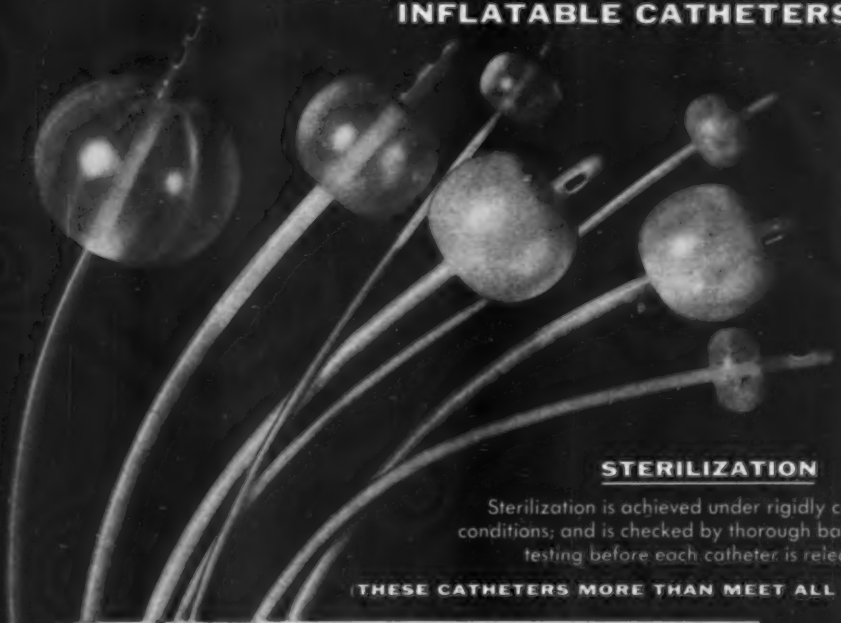
For more details circle #517 on mailing card.

(Continued on page 232)

Specify . . .

A.C.M.I. STERILE PACKAGED

INFLATABLE CATHETERS



- Really dependable sterility
- Always ready — no delay
- For office or bedside

STERILIZATION

Sterilization is achieved under rigidly controlled conditions; and is checked by thorough bacteriological testing before each catheter is released.

(THESE CATHETERS MORE THAN MEET ALL U.S.P. STANDARDS)

Double protection

. . . double safety . . . ready for instant use

The A.C.M.I. Sterile Packaged Premium Catheter is double-protected by double packaging, for assured sterility. Even should the durable outer non-peelable package be torn or cut by unduly rough handling, the resilient inner peelable package still protects the sterile catheter from contamination.

FREDERICK J. WALLACE, President

American Cystoscope Makers, Inc.

8 Pelham Parkway, PELHAM MANOR (PELHAM), NEW YORK

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, JULY 2, 1946 AND JUNE 11, 1960 (74 STAT. 208) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF

THE MODERN HOSPITAL, published monthly at Chicago, Illinois, for October 1, 1960.

1. The names and addresses of the publisher, editor, and business managers are:

Publisher: The Modern Hospital Publishing Co., Inc., 919 N. Michigan Ave., Chicago 11, Illinois.

Editor: Robert M. Cunningham Jr., 919 N. Michigan Ave., Chicago 11, Illinois.

Advertising Director: Joseph W. Cannon Jr., 919 N. Michigan Ave., Chicago 11, Illinois.

2. The owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual member, must be given.)

The Modern Hospital Publishing Co., Inc., 919 North Michigan Avenue, Chicago 11, Illinois.

All of the stock is owned and held by F. W. Dodge Corporation, 119 West 40th Street, New York 18, N. Y. All of the common stock of F. W. Dodge Corporation is held by the following Voting Trustees namely: James McV. Breed, 15 Broad Street, New York 5, N. Y.; Paul Abbott, 45 Wall Street, New York 5, N. Y.; Howard Barringer and T. Oliver Morgan, both of 119 West 40th Street, New York 18, N. Y.; and George W. Morgan, 76 Beaver Street, New York 5, N. Y., under Voting Trust Agreement dated as of June 12, 1928 as amended and extended to May 2, 1966 by Extension Agreement dated as of February 19, 1957.

No owner or holder of preferred stock of F. W. Dodge Corporation owns or holds 1 percent or more of the total amount of stock thereof; and the beneficial owners of common stock deposited under the aforesaid Voting Trust, whose combined ownerships or holdings of common stock so deposited and of preferred stock equal 1 percent or more of the total amount of stock are: Paul Abbott; May Gibson Baker; Howard J. Barringer; James McV. Breed; Rosilla Hornblower Breed and William C. Breed, Jr., as Trustees under Paragraph Fifth of the Will of Alan R. Breed for the benefit of Rosilla Hornblower Breed; Rosilla Hornblower Breed and William C. Breed Jr., as Trustees under Paragraph Fourth of the Will of Alan R. Breed for the benefit of Rosilla Hornblower Breed; William C. Breed, Jr., (Individually); Mary F. Broadwell; Eddy & Co., Nominee for Bankers Trust Company, Trustee under Will of Michael A. Mikkelsen for the benefit of Gwendolyn Mikkelsen; Irving W. Hadsell; Thomas S. Holden; (Mrs.) Laura M. Jackson; (Mrs.) Laura McIntosh Kleege; Julius T. Little; Donald S. McIntosh; Robert F. Marshall; George W. Morgan; Gerald D. Morgan; T. Oliver Morgan, Trustee under Will of Laura O. Morgan for the benefit of Laura M. Jackson; T. Oliver Morgan, Trustee, under Will of Laura O. Morgan for the benefit of Helen M. Young; T. Oliver Morgan (Individually); T. Oliver Morgan, Trustee under Will of Truman S. Morgan for the benefit of Laura M. Jackson; T. Oliver Morgan, Trustee under Will of Truman S. Morgan for the benefit of Helen M. Young; Minnie C. Ort; George H. Partridge; Mrs. Jane A. Pratt; William J. Quinn; Howard M. Thompson; John J. Traynor, Successor Trustee under Agreement dated June 1, 1932 for the benefit of Eugenia S. Breed; Marcus Wayne; Chauncey L. Williams; Helen Morgan Young.

3. The known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) There are no bondholders, mortgagees, or other security holders.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

5. The average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the 12 months preceding the date shown above was: (This information is required by the act of June 11, 1960 to be included in all statements regardless of frequency of issue.) — 16,209

ROBERT M. CUNNINGHAM, JR., Editor

Sworn to and subscribed before me this 28th day of September, 1960.

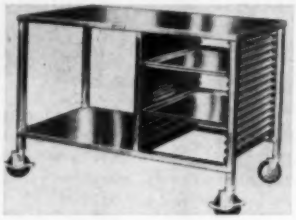
[SEAL]

FLORENCE HELSING, Notary Public.

(My commission expires Feb. 13, 1963)

Versatile Mobile Table Rack Has Variety of Uses

Undertable storage, auxiliary work surface, and transportation for large kettles and bulky supplies from one work station to another are a few of the uses of the versatile Cres-Cor Mobile Table Rack, developed for use in kitchens and food service areas in hospitals and other institutions. Available in six standard models, the basic unit consists of a pass-through compartment enclosed on two sides with



corrugated aluminum panels, and a second compartment with a removable bottom shelf that is open on three sides for easy access. **Crescent Metal Products, Inc., 18901 St. Clair Ave., Cleveland 10, Ohio.**

For more details circle #518 on mailing card.

"Showcase" Food Vendor Holds 130 Food and Drink Items

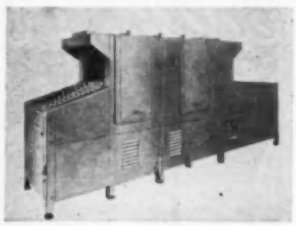
A unique type of vending machine which holds 130 separate food and drink items is available in the Rowe All Purpose Merchandiser. Made in showcase design so that the customer can see and select what he wants, the machine accommodates a wide variety of cold foods and packaged drinks, including sandwiches, salads, pies, cold desserts, fresh fruits, milk, fruit juices, carbonated drinks and the like, each in an individual compartment. The coin-operated automatic vending machine permits vending at any four prices, in any combination of coins between five and 50 cents. A complete light

lunch can be selected from the refrigerated machine, which keeps the foods fresh and ready for service. Four vertical columns with 13 separate sections in each, display the food. An interlocking device permits the opening of only one window at a time. **Rowe Mfg. Co., 31 E. 17th St., New York 3.**

For more details circle #519 on mailing card.

Toledo Rackless Dishwashers Combine "Add-A-Tank" Units

Maximum efficiency and low cost operation are provided with Toledo Rackless Conveyor Dishwashers, which consist of combinations of "Add-A-Tank" units necessary to achieve desired capacities, lengths and other specific requirements. Features which aid in economizing dish-



washing operations include an electric water level control that automatically fills and maintains the desired water level in all tanks during the washing cycle, and an electric final rinse control that operates only when dishes are in the final rinse area, reducing the volume of rinse water and agent consumed. The dishwashers are offered in 16 basic model variations. **Toledo Scale Corp., Kitchen Machines Div., 245 Hollenbeck St., Rochester, N.Y.**

For more details circle #520 on mailing card.

Radioisotope Distribution Shown on Tracer-Scanner

The SC-65 Tracer-Scanner is a rugged, compact instrument providing a printed record of radioisotope distribution in areas such as the thyroid gland, liver, spine and gall bladder. The cantilevered design permits its use over a standard hospital bed. **Tracerlab, 1601 Trapelo Rd., Waltham 54, Mass.**

For more details circle #521 on mailing card.

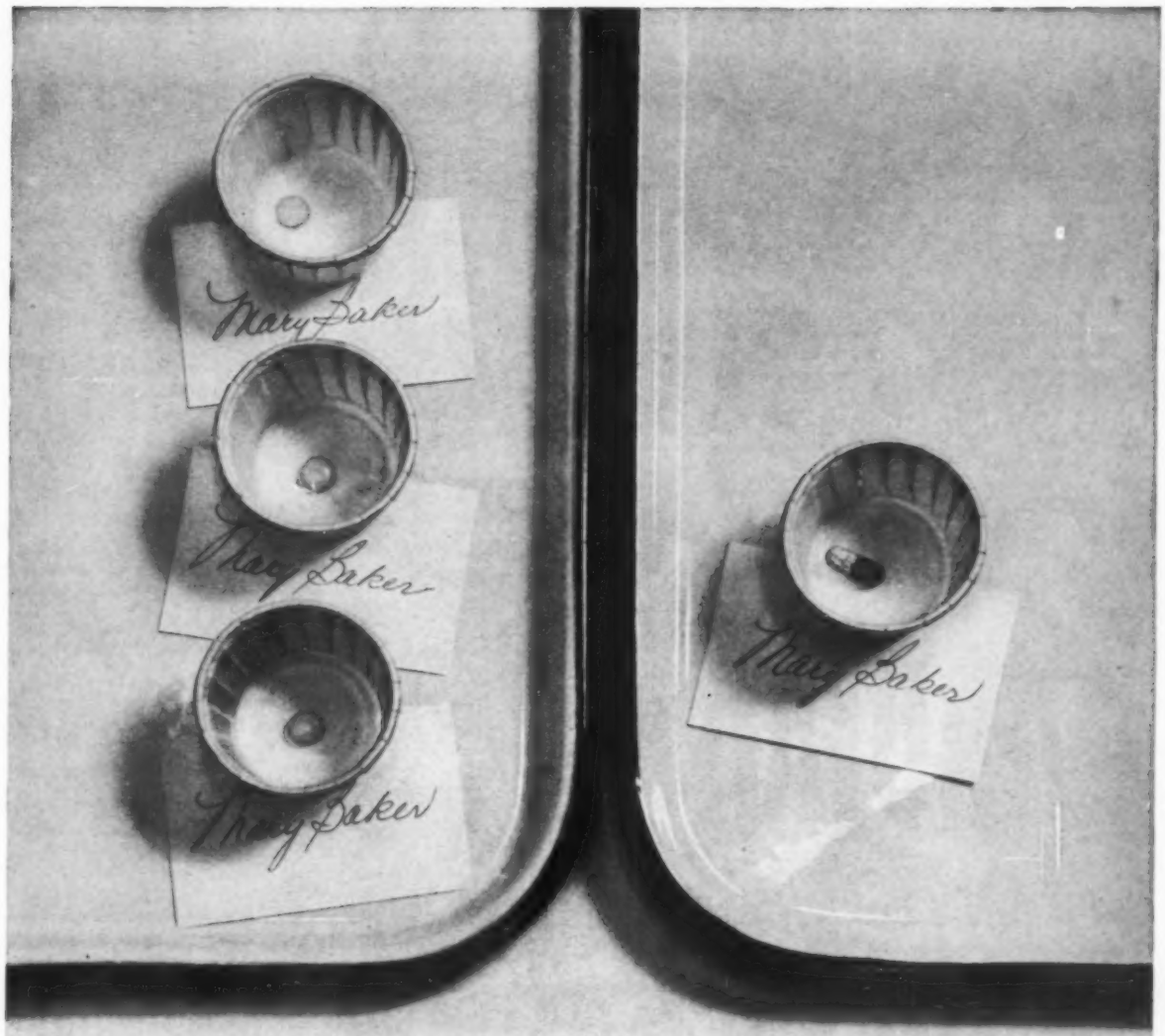
Portable Sitz Bath Fits Any Water Closet

The problem of preparing sitz baths is greatly simplified with the new portable unit now available. The Reg-U-Temp Sitz Bath fits on any water closet and provides immersion of only the perineal, genital and rectal areas. It is shaped like a pan with a wide flange which allows it to nest in a water closet bowl and includes a hose and connection for any nearby lavatory or tub faucet. A valve on the unit diverts water into the bath or by-passes it into the closet bowl, and the unit cannot overflow or back-siphon, and meets all standard plumbing codes. The lightweight, high-impact polypropylene

bath can be sterilized in an autoclave or washed with alcohol or common cleaning compounds. **Harlan M. Buck, Inc., P. O. Box 237, Rye, N. Y.**

For more details circle #522 on mailing card.

(Continued on page 234)



Why should the nurse make three trips when she can do the job in one?

Only one trip with Spansule® brand sustained release medication is necessary because a single oral dose provides prompt therapeutic effect that lasts all day or all night long. Trials with 'Spansule' capsules in a 318-bed hospital led to this comment by the Chief of Medical Service[1]: "The marked decrease in both the number of visits needed to distribute the medication and the amount of effort needed to prepare it for distribution saved valuable time for the institution's personnel."

Your local S.K.F. representative will be glad to discuss with you the advantages of 'Spansule' medication (including price).

Smith Kline & French Laboratories, Philadelphia first ⧗ in sustained release oral medication

1. Messeloff, C.R.: Hospitals *29*:122.

Smooth Stain Finish on Safe Smoker Stations

Canister lids on the Sipco Dunking Station line of Safe Smokers now have a

smooth satin finish for improved appearance and easier maintenance. Ashes cannot become imbedded in the surface of the top when cigarettes or cigars are dropped into the Smoker. The device holds cigarette and cigar butts safely, with no odor or smoke and no opportunity for burns on tables or floors. **Standard Industrial Products Co., 3527MH Farmington Road, Peoria, Ill.**

For more details circle #523 on mailing card.

Basin Type Lather Dispenser Has Top-Fill Principle

Convenience and time-saving are features of the new Model B-899 Basin Type Lather Dispenser with top-fill principle. Servicing is speeded and a full-pint capacity lessens the frequency of filling. The translucent, unbreakable polyethylene globe is impervious to discoloration or distortion and the tamperproof pushbutton spout is machined of stainless steel. **Bobrick Dispensers, Inc., Dept. MH, 1839 Blake Ave., Los Angeles 39, Calif.**

For more details circle #524 on mailing card.

Bulk Silver Caddy for Storage and Dispensing

The new T-305 Bulk Silver Caddy can be loaded with 120 dozen pieces in the dishwashing room and wheeled directly to storage, or to the dining or lunchroom area, without rehandling. Eight deep sil-

verware compartments provide for proper separation and can be removed for cleaning. The unit can also be used as a cutlery station at the head of the cafeteria line. **Caddy Corp. of America, Secaucus, N.J.**

For more details circle #525 on mailing card.

ARJ-4 Automatic Audiometer Provides Fast Hearing Checks

A fast method to check hearing is offered with the ARJ-4 Audiometer, which is completely automatic and allows the subject to control his own test, eliminating the need for supervision after the test is started. Manufactured by Rudmose Associates, Inc., the ARJ-4 is distributed in conjunction with Industrial Acoustics' line of audiometric examination rooms by **Industrial Acoustics Co., Inc., 341 Jackson Ave., New York 54.**

For more details circle #526 on mailing card.

Life-Size Human Skull in Bone Color Plastic

"The Thinking Man" is an anatomically accurate, life-size model of the human

skull in plastic the color and hardness of bone. Manufactured in kit form or fully assembled, the skull has a spring-action lower jaw and a removeable skull cap and comes complete with a display stand and anatomy chart. A multi-dimensional brain model is available as a separate unit to fit into the cranial cavity. **Superior Plastics Inc., 426 N. Oakley Blvd., Chicago 12.**

For more details circle #527 on mailing card.

(Continued on page 236)

Dependable delivery of U.S.I. pure ethyl alcohol cuts pharmacy storage and inventory problems

Dependable service from U.S.I.'s nationwide chain of bonded warehouses eliminates the need for excessive alcohol stocks, permits the pharmacist to save valuable storage space, simplifies his inventory control records.

Ethyl alcohol *purity* measures up to the needs of your pharmacy when the U.S.P. requirements are met (or exceeded as they are with U.S.I. alcohol). But what about alcohol *service?*

The kind of service you get from your alcohol supplier can make a big difference in your pharmacy: Delayed or uncertain deliveries cause fluctuations in stocks on hand—valuable storage space may be tied up one time, while supplies can be dangerously short another. Inventory records can become unnecessarily complicated, and there's always the problem of getting immediate delivery on that once-in-a-million call for emergency supplies.

Reliable U.S.I. service eliminates these problems. Your alcohol is delivered on time from one of U.S.I.'s nearby bonded warehouses. U.S.I. is America's oldest producer of hospital and industrial alcohol, serving hospitals for half a century.

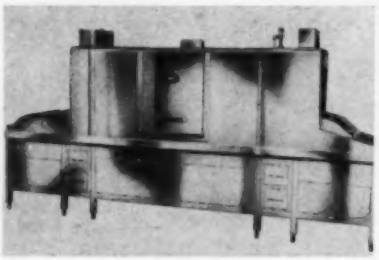
For your pure ethyl alcohol needs, specify U.S.I.—get purity *and* service.

U.S.I. INDUSTRIAL CHEMICALS CO.
Division of National Distillers and Chemical Corp.
99 Park Ave., New York 16, N. Y.
Branches in principal cities

U.S.I. pure ethyl alcohol, U.S.P.

For additional information, use postcard facing back cover.

Model FT-13 Dishwashing Machine Is Four-Stage Unit

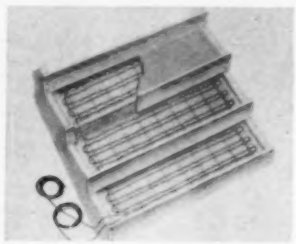


Only 13 feet long, the new Model FT-13 will power scrap, wash, rinse and final rinse dishes with speed and efficiency usually found only in machines occupying considerably more space. The new six-foot center section for washing and rinsing operations is specially designed for maximum dishwashing performance in a minimum of kitchen space. The compact, space-saving model is recommended for use in kitchens serving up to 700 persons per meal. It consists of a 3½-foot loading and recirculating dish scrapping unit, a six-foot center unit for the power wash and double rinsing or sanitizing operations, and a 3½-foot drying and unloading extension. A special high velocity jet spray system for the power wash and power rinse operations provides thorough washing of every dish and assures separation of the water. **Hobart Mfg. Co., Troy, Ohio.**

For more details circle #528 on mailing card.

Wiegand Electric Heater Mats Prevent Slipping on Steps

Designed to clear snow and ice from concrete steps and prevent accidents from slipping, Wiegand electric step heater mats eliminate the need for shoveling, salt or cinders. Of Thermwire heating cable interwoven with lightweight galvanized mesh, the heaters are positioned on top of the freshly poured first layer of concrete and then covered with the one to 1½ inch top layer, and are connected to an inside wall switch. The heaters are



available in two and three-step units that heat a section eight by 36-inches on each step, and may be used in any combination to match the number of steps requiring protection. **Edwin L. Wiegand Co., 7500 Thomas Blvd., Pittsburgh 8, Pa.**

For more details circle #529 on mailing card.

Kalman Bactericidal Floor Retains Potency

An insoluble and potent bactericidal agent is incorporated into the new Kalman Bactericidal Concrete Floor for constant anti-bacterial efficiency, said to last the life of the floor. Granted patents in the United States and several other countries, the new type floor is said to kill fungus and bacteria, including staph, and hospital tests have proved it effective. The special concrete can be permanently colored for attractive appearance. **Kalman Floor Co., 110 E. 42nd St., New York 17.**

For more details circle #530 on mailing card.

Lightness and Beauty in Molded Lounge Furniture

Molded of fiber reinforced polyester resin for a tough rugged structure made to last a liftetime, Thaden lounge furniture is easily handled due to its light weight

and is attractive and modern in appearance. The careful organic design, with contours and dimensions engineered to the human form, assures maximum comfort. All interior surfaces are foam padded with supplemental foam padding the foam seat cushions. The upholstery covers are easily removed for cleaning, change of decor or in case of accident. Pieces in the line include lounge furniture of varying design as well as attractive, lightweight stacking chairs which are readily stored when not in use. **Thaden Molding Corp., High Point, No. Car.**

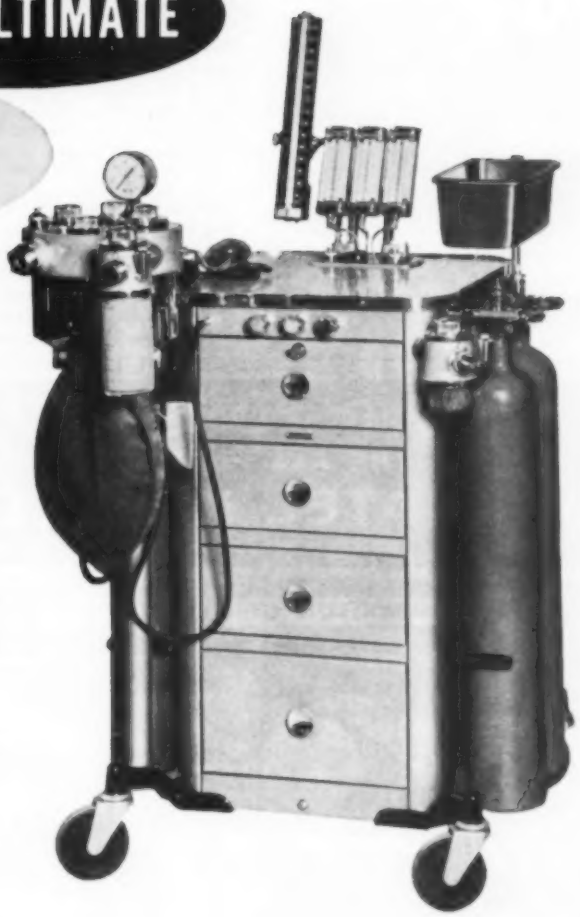
For more details circle #531 on mailing card.

(Continued on page 238)

THE ULTIMATE

in modern anesthesia equipment

NEW McKESSON CABINET MODEL



- Supplied with any combination of gases now in use.
- Equipped with bi-phase flow meters.
- Flow-rate controls mounted on front for utmost operating convenience.
- Twin Canister Absorber with 1800-gram baralyme capacity.
- Bag-Pressure Gauge shows pressure of gases in circuit at all times.
- Direct Oxygen Button for immediate oxygen under pressure.
- Direct Nitrous-Oxide Button for quick refilling of nitrous bag.
- Large storage capacity in four locking drawers.
- Stainless steel top and heavyweight steel construction.
- Finished in green enamel, trimmed with chrome-plated parts.
- Supplied with wide variety of accessories.

McKesson

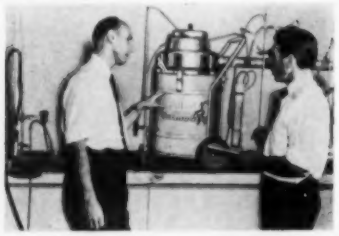
NEW CABINET MODEL

For prices, other features and full details, write for McKesson Cabinet Model literature.

McKESSON APPLIANCE COMPANY • TOLEDO 10, OHIO

For additional information, use postcard facing back cover.

Hygienic Vacuum Filter Traps Bacteria



Practically perfect trapping of bacterial organisms in the air entering the new Pullman Vacuum Cleaner, developed especially for hospital use after three years of research and development, is reported as a result of careful testing. Designed by Melvin W. First, Consulting and Research Engineer, to assist in the prevention of cross infection by reducing the bacteria in the air, the bacterial filter releases practically sterile air from the outlet of the quiet-operating vacuum cleaner. **Pullman Vacuum Cleaner Corp., 25 Buick St., Boston 15, Mass.**

For more details circle #532 on mailing card.

Cork in 16 Colors For Floors and Walls

Color-Cork is a durable and effective acoustical surface with virtually unlimited applications for floors and walls. It greatly reduces the noise of voices and traffic, as well as noises from outside. For the floor, it reduces fatigue since it provides a springy, resilient covering. It can be cleaned with soap and water, and the bright colors are an integral part of the burlap-backed, plastic vinyl-coated product. **Gotham Materials, Inc., 91 Weyman Ave., New Rochelle, N.Y.**

For more details circle #533 on mailing card.

Compact Reach-In Refrigerators In Tyler's "Quality Line"

Available in one, two and three-door models for self-contained or remote installation, the new Tyler "Quality Line" Reach-In Refrigerators and Storage Freez-

ers feature clean, trimline styling, welded-steel construction, space-saving compactness and low operating and upkeep costs. Units in the line are manufactured with all-metal interior door liners; exterior-mounted heavy-duty hardware; conveniently located thermostatic temperature controls; super-density insulation; efficient drainage system, and perforated base. **Tyler Refrigeration Corp., Niles Mich.**

For more details circle #534 on mailing card.

DL-1500 Nor-Lake Refrigerator Adapts for Blood Bank

When equipped with drawers and an optional blood bank alarm system, the DL-1500 Nor-Lake refrigerator, with 15-cubic foot capacity, is suitable for safe storage of blood or biologicals. A top-mounted thermometer provides inside temperature readings and is part of the alarm system. **Nor-Lake, Inc., Hudson, Wis.**

For more details circle #535 on mailing card.

Combination Ambulance-Hearse in Chrysler Briarean

A specially constructed 1960 Chrysler Town and Country station wagon is modified to produce the low-priced combina-

tion ambulance-hearse. Called the Briarean, the car has a special six-inch raised roof giving 39 inches of head room, sufficient to accommodate a patient and allow mobility of the ambulance attendant. A full-width door replaces the regular station wagon door and exterior ambulance equipment includes front and rear red flasher units. **Chrysler Corporation, 1600 Penobscot Bldg., Detroit 26, Mich.**

For more details circle #536 on mailing card.

(Continued on page 240)

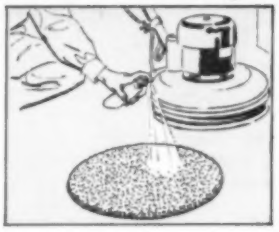
Try these new wet-buffing ideas with "SCOTCH-BRITE® Floor Maintenance Pads

Two new time and labor-saving methods let you clean, wax and polish in one operation

SPRAY METHOD

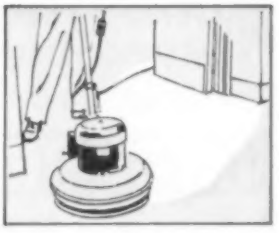
For all forms of resilient tile in areas of *light-to-medium* traffic

Use a water-wax-detergent solution in a spray-bottle that produces a **fine** mist-like spray. To prepare floor, sweep or dust mop area to be cleaned.



Lightly spray solution on back of a "SCOTCH-BRITE" BRAND Scrubbing Pad, (or any "SCOTCH-BRITE" Pad). This helps pad to retain dirt, minimizes "dusting."

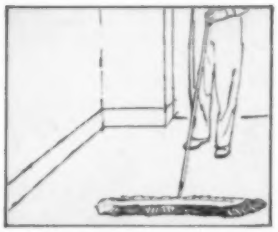
Lightly spray solution on an area of approximately 100 sq. ft. With the "SCOTCH-BRITE" Pad under machine, you wet buff clean and buff dry in one operation.



On small areas of heavy traffic, such as doorways and under desks, spray entire area and wet-buff clean. If a high gloss is required, continue polishing.

DAMP MOP METHOD

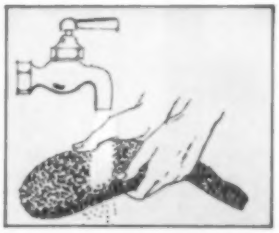
For all forms of resilient tile in areas of *medium-to-heavy* traffic



To prepare floor for "damp mop" method, sweep or dust mop area to be cleaned to remove any loose surface dirt.

Mix a water-wax-detergent solution in the mop bucket.

Apply solution with damp mop just ahead of machine. Follow with machine while floor is "just damp." "SCOTCH-BRITE" Pad cleans, buffs in one operation.



With either method, "SCOTCH-BRITE" Pads are easily cleaned by simply rinsing out in warm water. They dry quickly and are ready for the next job.

"SCOTCH-BRITE" Floor Maintenance Pads and these wet-buffing methods will save you time and improve the appearance of your floors. Ask your supplier to demonstrate this latest 3M System on your floors. He can recommend the ideal solution and method to best solve your floor care problems.

Remember..."SCOTCH-BRITE" Floor Maintenance Pads mean world's fastest floor cleaning. They're your best buy, too!

REG. U.S. PAT. OFF.

SCOTCH-BRITE

BRAND

FLOOR MAINTENANCE PADS

"SCOTCH-BRITE" IS A REGISTERED TRADEMARK OF 3M CO., ST. PAUL 6, MINN.
EXPORT: 99 PARK AVE., NEW YORK 16. CANADA: LONDON, ONTARIO

3M Co., Dept. ABY-110
900 Bush Ave., St. Paul 6, Minn.

Please show me how the Wet-Buff System with "SCOTCH-BRITE" Floor Maintenance Pads can cut my floor care costs.

NAME_____

FIRM_____

ADDRESS_____

CITY_____ STATE_____

MINNESOTA MINING AND MANUFACTURING COMPANY

...WHERE RESEARCH IS THE KEY TO TOMORROW

3M COMPANY

For additional information, use postcard facing back cover.

Intermittent Compression Unit for Treatment of Extremities

Designed for treatment of edematous arms or legs, and for relieving pain and

discomfort in various circulatory problems by supplying gentle, intermittent controlled massage, the new Jobst Intermittent Compression Unit is reported to have obtained highly effective results. The compact compression unit imparts prescribed pressure to a pneumatic appliance that encircles the affected extremity. Following reduction of edema in the arm or leg, custom-measured fabric pressure gradient supports are worn to maintain the benefits. The supports are developed by **The Jobst Institute, 1803 Jefferson Ave., Toledo, Ohio,** and distributed in the hospital field by **The R. D. Grant Co., 761 Hippodrome Bldg., Cleveland 15, Ohio.**

For more details circle #537 on mailing card.

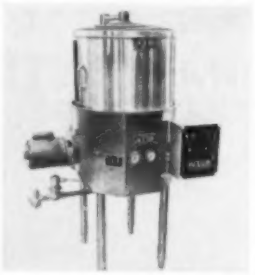
Bassick "No-Roc" Glide Automatically Levels Equipment

Quick, automatic adjustment to uneven floor surfaces is provided with the new Bassick "No-Roc" self-leveling furniture glide. It is designed to balance equipment having four or more legs and employs a new type fluid whose physical properties do not change with age or temperature. The fully sealed glide automatically seeks its own level. **Bassick Co., 3043 Fairfield Ave., Bridgeport 5, Conn.**

For more details circle #538 on mailing card.

Compact, Low Cost Dishwasher For Small Installations

A compact, low cost unit for small or medium sized installations, the Jackson Model 10 APR-B Automatic Dishwasher features Power Rinse to assure a safe



rinse at all times, regardless of low or fluctuating water pressures. A built-in Booster Heater provides 180-degree final rinse temperatures without the need for an external heater. **Jackson Products Co., Industrial Park, Tampa 4, Fla.**

For more details circle #539 on mailing card.

Mobile BT30 Book Truck Is Quiet and Convenient

Built for easy handling in distributing library books to patients, the new BT30 Hospital Book Truck has 11-inch shelves to accommodate books and magazines. It moves quickly and quietly on four five-inch swivel soft rubber tired wheels and is 32 inches long, 16 inches wide and 38½

inches high. The sturdy wood truck is available in oak or birch. **W. C. Heller & Co., 60 H St., Montpelier, Ohio.**

For more details circle #540 on mailing card.

Sanitized Paint Inhibits Microbe Growth

Sanitized bacteriostatic additive in paint makes walls and other areas bacteria-resistant. The Sanitized additive inhibits growth and development of microbes and fungus, making the paint serve as another weapon in the fight against infection. It can be used wherever paint is required. **Industrial Hygienic Paint Corp., 10-18 46th Ave., Long Island City 1, N.Y.**

For more details circle #541 on mailing card.

(Continued on page 242)

"Oh no... not another compress..."

I've got three of them already. "What in the world has happened to progress?" Steady, girl... steady. Maybe it's not too awfully bad. Maybe it needs just a little pad. "Complete leg and thigh? Two of them?" Well, this day is certainly shot—these things should be condemned... I'll surely be if they're not. "Why in the world don't they get something new? You say there is? We have? We do?"

aquamatic K *pad*

The flexible pad laced gently into place, holds in the moisture, restricting evaporation. Constant heat with temperatures always within 1°F. Just check the compress about every few hours. Time saved has been measured at an almost unbelievable 86%. Pads in several sizes. Comfortable. Light in weight, not bulky. Whisper quiet control unit stays on bedside table. For complete information and test data, write: Gorman-Rupp Industries, Inc. or ask your American Hospital Supply Corp. representative.

GORMAN-RUPP INDUSTRIES, INC., BELLVILLE, OHIO

DISTRIBUTED NATIONALLY BY { American Hospital Supply Corporation and V. Mueller and Company

Pharmaceuticals

Ircon

Indicated for prophylaxis and treatment of iron deficiency anemias resulting from inadequate iron intake or from blood loss, Ircon is shown in pharmacologic studies to be well tolerated in humans, and is valuable for patients who are unable to take other iron preparations. Each golden-yellow, sugar-coated Ircon tablet contains 200 mg. of the iron salt ferrous fumarate, and provides the equivalent of 65 mg. of elemental iron. The product is administered orally to adults and is sold in bottles of 100 tablets. **Lakeside Laboratories, Inc., 1707 E. North Ave., Milwaukee 7, Wis.**

For more details circle #542 on mailing card.

Cotazym

A measurable amount of lipase, the pancreatic fat-digesting enzyme, is contained in each capsule of Cotazym indicated in the treatment of all conditions where fat digestion is inadequate due to pancreatic insufficiency. Cotazym in proper dosage provides sufficient lipase, trypsin and amylase to digest what fat, protein and carbohydrate are contained in the diet. The capsules are available in bottles of 100. **Organon Inc., 200 Main St., West Orange, N. J.**

For more details circle #543 on mailing card.

Semopen

High peak antibiotic serum levels are provided quickly with Semopen, a brand of a-Phenoxyethyl Penicillin Potassium. Antibiotic activity is directly proportional to the dose, yet the allergenicity hazard is greatly reduced. Administered orally and indicated for all age groups, Semopen is supplied as tablets of 125 and 250 mg., as powder, or as an oral solution. **S. E. Massengill Co., Bristol, Tenn.**

For more details circle #544 on mailing card.

Inpersol Set and Solutions

No specially trained teams, complicated mechanisms or unusual laboratory facilities are necessary to manage acute renal failure with the new Inpersol Disposable Administration Set and Inpersol Solutions. Designed for intermittent peritoneal dialysis using the living peritoneum as a temporary kidney, the administration set has a side-arm drainage tube that eliminates the necessity for changing sets during dialysis. For use, the peritoneal cavity is irrigated with two liters of Inpersol solution; waste metabolites transfer themselves through peritoneum into the fluid which is then drained off, carrying the waste with it. The set can be used by any hospital for barbiturate or other systemic poisoning with dialyzable agents, intractable edema, hepatic coma, hypercalcemia, azotemia and chronic uremia in addition to acute renal failure. **Abbott Laboratories, North Chicago, Ill.**

For more details circle #545 on mailing card.

Naqua

Naqua, a benzothiadiazine derivative, is an oral diuretic indicated for the control of edema associated with congestive heart failure, nephrotic syndrome, hepatic cirrhosis, edema and toxemia of pregnancy, drug-induced edema, and premenstrual tension, as well as hypertension with or without the presence of edema. Tablets are available in two and four mg. sizes. **Schering Corp., 96 Orange St., Bloomfield, N.J.**

For more details circle #546 on mailing card.

Ophthalmic Prednisolone

Three new ophthalmic products including a fat-soluble form of prednisolone are introduced by Alcon. Isopto Prednisolone is a sterile suspension of prednisolone in a methylcellulose vehicle for inflammatory and allergic eye conditions in the absence of infection. Isopto Cetapred, a sterile suspension of sulfacetamide sodium and prednisolone, is indicated for inflammatory and allergic conditions of the eye such as acute, chronic and allergic plepharitis and conjunctivitis. Isopto Mydrapred is a sterile suspension of atropine sulfate and prednisolone for both granulomatous and non-granulomatous uveitis. All three are supplied in 5 cc. plastic Drop-Tainer® dispensers. **Alcon Laboratories, Inc., P. O. Box 1959, Fort Worth, Texas.**

For more details circle #547 on mailing card.

Hemoccult

Hemoccult is a new diagnostic aid for detection of occult blood in feces and urine. A simple, one-minute test which is easily performed, it is supplied in a compact, portable form with all necessary material assembled in the unit. **Schieffelin & Co., 30 Cooper Square, New York 3.**

For more details circle #548 on mailing card.

(Continued on page 244)

E. S. BURROUGHS, CONTROLLER of the Morton F. Plant Hospital, Clearwater, Fla.

NATIONALS are flexible, fast, reliable, and efficient.

"Our *National* Accounting System saves us $5,280 a year... returns 45% annually on investment!"

—Morton F. Plant Hospital, *Clearwater, Fla.*

"Our National Accounting System gives us superb record-keeping efficiency, plus profitable operation. It is flexible, fast and reliable. As proof we use our National System for In-Patient Accounts Receivable, Out-Patient Accounts Receivable, Purchasing Records, and Aging of Accounts . . . quite an array of accounting work.

"In all cases, the speed of our National System permits us to maintain these records on a currrent basis. This speed eliminates any necessity for hiring additional bookkeeping personnel. The continually reliable operation of our National System keeps down-time to an absolute minimum.

"With all its advantages, our National System saves us $5,280 every year . . . an annual investment return of 45%."

E. S. Burroughs

Controller
of the Morton F. Plant Hospital

Your hospital, too, can benefit from the many time- and money-saving features of a National System. Nationals pay for themselves quickly through savings, then continue to return a regular yearly profit. National's world-wide service organization will protect this profit. Ask us about the National Maintenance Plan.

THE NATIONAL CASH REGISTER COMPANY, Dayton 9, Ohio

1039 OFFICES IN 121 COUNTRIES • 76 YEARS OF HELPING BUSINESS SAVE MONEY

*TRADE MARK REG. U. S. PAT. OFF.

National*

ACCOUNTING MACHINES
ADDING MACHINES • CASH REGISTERS
NCR PAPER (NO CARBON REQUIRED)

For additional information, use postcard facing back cover.

Literature and Services

• **"Huntington's Patient-Safety Program"** is the subject of an eight-page folder available from Huntington Laboratories, Inc., Huntington, Ind. Information on how a patient-safety program can be set up and what is incorporated is supplied.
For more details circle #549 on mailing card.

• **Bulletin No. 6022** on the "Pac" Packaged Air Conditioner line includes product details and technical data and is available from Dunham-Bush, Inc., 179 South St., West Hartford 10, Conn. The new 12-page manual also contains a cataway illustration and piping and wiring diagrams.
For more details circle #550 on mailing card.

• Interesting applications of the Vapor line of Water Tube Boilers and Water Heaters are described in a new four-page **bulletin, No. 4011,** which stresses portability of the units. Available from Vapor Heating Corp., 6420 W. Howard St., Chicago 48, the illustrated folder gives brief specifications.
For more details circle #551 on mailing card.

• **"Why Be Half-Safe?"** is the title of a booklet on shower safety in large institutional buildings such as nurses homes and hospitals. Available from Lawler Automatic Controls, Inc., Mt. Vernon, N.Y., the leaflet tells how the Recesso shower control valve eliminates the danger of scalding.
For more details circle #552 on mailing card.

• The newly revised edition of **"Facts and Data on Resilient Floors"** details important factors in selecting correct resilient floor and wall coverings, and includes specifications, maintenance data and other technical information. The 46-page wire bound booklet is available from Congoleum-Nairn, Inc., 195 Belgrove Dr., Kearny, N.J.
For more details circle #553 on mailing card.

• **A control program to combat cross infection in a modern hospital** is described in a new 16mm color and sound film running 22 minutes. Produced at the University of Texas Medical School and the John Sealy Hospital in Galveston, the film presents some of the important bacteriologic facts concerning resistant staph and how infection caused by it may spread throughout a hospital. Requests to show the film should be directed to Winthrop Laboratories, 1450 Broadway, New York 18.
For more details circle #554 on mailing card.

• The many **uses of rayon fibers** in surgical and sanitary nonwoven textile products are discussed in a two-color, illustrated **brochure** available from American Viscose Corp., 1617 Pennsylvania Blvd., Philadelphia 3, Pa. The four-page booklet gives reasons for the extensive use of rayon, points out its advantages over natural fibers, and predicts future applications for the nonwoven fiber in the medical field.
For more details circle #555 on mailing card.

• **"Engineered Lighting and Control Equipment"** is the title of **Catalog No. 101,** a 44-page technical publication which illustrates the line of equipment required for schools, hospitals and other institutions available from Hub Electric Co., Inc., 2249 W. Grand Ave., Chicago 12. Included in the line are hospital bedlights, step and night lights, exit and directional signs, control switchboards and other items.
For more details circle #556 on mailing card.

• A set of **quantity recipe cards** ranging from main dishes through salads, desserts and sauces is available from Carnation Company, 5045 Wilshire Blvd., Los Angeles 36, Calif. Each recipe makes approximately 50 servings.
For more details circle #557 on mailing card.

• **Packaged Cooling** for water coolers, a separate, inside cabinet housing the entire refrigeration system, is used in the line of water coolers described in a new four-page folder issued by Sunroc Corp., Div. PCL, Glen Riddle, Pa. A variety of models, including free-standing, wall-hung, flush-to-wall and remote, is described in the folder.
For more details circle #558 on mailing card.

• The Dictograph line of **modern hospital communication and paging systems** is described and illustrated in a four-page **brochure E-13,** which shows how the equipment can be integrated into a central source master system or installed separately in combination with any part of an existing system. The leaflet is available from Dictograph Products, Inc., 95-25 149th St., Jamaica 35, N.Y.
For more details circle #559 on mailing card.

(Continued on page 246)

Matico Vinyl-Asbestos Tile corridor from one of four nursing stations.

MERCY HOSPITAL:

new midwestern medical facility boasts modern marvels and

MATICO TILE FLOORS

Brand-new babies live in a "pediatrics house of glass" . . . medical records and small instrument packets whoosh through pneumatic tubes . . . two-way "talkies" link patients and nurse . . . surgeons dictate post-operative instructions from operating rooms.

In keeping with this new age of medical science at modern Mercy Hospital, Matico Vinyl-Asbestos Tile was selected for its lustrous beauty, its quiet resiliency, its long wear, and its talent for sanitary, easy cleaning with minimum effort.

In the modern plan for your hospital, consider Matico Tile. For full information, write to Matico, Dept. 23-11, P.O. Box #128, Vails Gate, N. Y.

The bright, modern waiting room.

First of two new T-shaped wings for Mercy Hospital, Des Moines, Iowa.

MASTIC TILE DIVISION
The RUBEROID Co.

RUBEROID: Superior Building Products for Better Building

Vinyl Tile • Vinyl-Asbestos Tile • Asphalt Tile • Plastic Wall Tile

Architects and Engineers: Brooks-Borg • General Contractor: Wm. Knudson & Sons, Inc. • Flooring Contractor: Curran Floor Covering

QUALITY CONTROLLED MATICO PRODUCTS

1CHB14

For additional information, use postcard facing back cover.

• Recipes for soups, sauces, main dishes, casseroles, salads, sandwiches and vegetables are included in a set of 70 recipes using Campbell's Soups and Swanson Chunks O'Chicken and Turkey. Available from Campbell Soup Co., 100 Market St., Camden 1, N.J., the **set of 24 recipe cards** is illustrated with photographs in color or in black and white.
For more details circle #560 on mailing card.

• **USIC Incinerators** are the subject of a four-page illustrated folder which describes and illustrates the line of double combustion chamber units with "grip lock" corners available from the manufacturer, United States Incinerator Corp., 755 Boylston St., Boston 16, Mass.
For more details circle #561 on mailing card.

• A colorful new catalog displaying the complete 1960 line of **"Ansul Fire Extinguishing Equipment"** is available from Ansul Chemical Co., Marinette, Wis. The booklet lists stationary and large capacity mobile equipment, pipe systems, and portable units featuring Ansul's new Monitor extinguisher and Sentry "Energized" series.
For more details circle #562 on mailing card.

• Three geiger counters and a scintillation counter are shown in the new four-page **Bulletin GS-3** available from Nuclear Measurements Corp., 2460 N. Arlington Ave., Indianapolis 18, Ind. The folder includes photographs of the four laboratory survey meters, their construction features and specifications.
For more details circle #563 on mailing card.

• A four-page booklet describing the adaptability of colored ceramic glaze structural facing tile to a wide variety of applications is available from Natco Corp., 327 Fifth Ave., Pittsburgh 22, Pa. Providing a color specification chart, **Bulletin CC-60** highlights the 22 standard and nine accent colors of Natco's Vitritile.
For more details circle #564 on mailing card.

• **"Surgical Probe Scintillation Counters"** is the title of a four-page **brochure** that describes and pictures the new DS8-1 Scintillation Detector Set. The bulletin, plus a twelve-page medical report describing the two year testing program of the DS8-1 in a midwestern hospital, is available from Nuclear-Chicago Corp., 359 E. Howard Ave., Des Plaines, Ill.
For more details circle #565 on mailing card.

• Flo-Pac replacement rotary machine brushes, garage and floor brushes, wet and dust type mops and other **sanitary maintenance tools** are illustrated and fully described in **Catalog #212**, a 120-page book listing over 1000 articles available from Flour City Brush Co., 1501 Fourth Ave. S., Minneapolis 4, Minn.
For more details circle #566 on mailing card.

• Detailed information on the Standard Recordlift, a fast, completely automatic vertical conveying system for multi-story buildings, is presented in **Bulletin No. 151**, available from Standard Conveyor Co., North St. Paul 9, Minn. The eight-page booklet contains specifications, plans, diagrams and photographs of installations.
For more details circle #567 on mailing card.

• **The 1960 Stryker Surgical and Hospital Equipment Catalog** describes a number of new developments in the area of patient handling equipment, electro-surgical tools and cast accessories. The 32-page illustrated booklet, available from Orthopedic Frame Co., 420 Alcott St., Kalamazoo, Mich., covers all products manufactured by the firm.
For more details circle #568 on mailing card.

• **Standard No. 5 relating to Commercial Hot Water Generating Equipment (Gas Fired and Electrically Heated)** is now available from The National Sanitation Foundation, School of Public Health, University of Michigan, Ann Arbor, Mich. It is a scientific document and method for the design of a hot water heating system, or the selection of hot water generating equipment for commercial dishwashing. The new Standard is a fundamental and important adjunct to NSF Standard No. 3 relating to Commercial Spray-Type Dishwashing Machines.
For more details circle #569 on mailing card.

• The **Unimac Layout Kit** for the efficient planning of a laundry installation contains a floor plan and scale model templates of equipment necessary for institutional laundry operations. Offered by Unimac Co., 802 Miami Circle N.E., Atlanta 5, Ga., the kit enables the operator to determine what equipment he needs and how he can arrange it efficiently and economically in the floor area available.
For more details circle #570 on mailing card.

(Continued on page 248)

Tissue was the issue... costs the consideration

"How can we maintain tissue quality and still cut down on tissue costs?" was the question at hand. The purchasing agent found the perfect solution. Fort Howard tissue, of course!

Made in twenty grades and folds, Fort Howard tissue meets the needs of every firm and factory, office, mill and institution. Helps maintain goodwill—yet saves on costs by enabling you to select the one that fits your requirements.

Check your tissue needs—then check the savings possible with a Fort Howard tissue. For complete information on all Fort Howard tissue and other Fort Howard paper products, call your Fort Howard Distributor. Or, write to:

Fort Howard Paper Company

Green Bay, Wisconsin

Sales Offices in New York, Chicago, Los Angeles

America's Most Complete Line of Paper Towels, Tissues and Napkins

• A detailed description of the **Foregger Pulspirator** is provided in a new illustrated brochure available from Foregger Co., Inc., Willis Ave. & High St., Roslyn Heights, L.I., N.Y. The six-page folder includes reports of clinical use as well as operational procedure.

For more details circle #571 on mailing card.

• A comparison chart showing costs, characteristics and limitations of Textolite and other surfacing materials is included in a new 12-page, four-color catalog of **Textolite Laminated Surfacing,** T-CDL-490, available from General Electric Co., Laminated Products Dept., Coshocton, Ohio. Patterns, colors and sheet sizes of the product are shown in the illustrated booklet, as are fabrication technics and a detailed breakdown of applications.

For more details circle #572 on mailing card.

• **Contract Sleep Equipment** for nurses homes, hospitals and other institutions is the subject of a catalog recently released by Columbia Bedding Co., 1750 N. Wolcott Ave., Chicago 22. Illustrations of construction details are presented in the 16-page booklet, with technical information to assist administrators and purchasing agents in their selections.

For more details circle #573 on mailing card.

• Sonneborn's **"Current Topics No. 61"** discusses the control of air-borne infections through the application of white oil to mattresses and bedclothes in the laundering process. The bulletin recommends additional treatment of mattresses at the point of manufacture, and this method is described in the Technical Data File F-39, also available from L. Sonneborn Sons, Inc., 300 Park Ave. S., New York 10.

For more details circle #574 on mailing card.

Suppliers' News

Clarke Floor Machine Co., Muskegon, Mich., manufacturer of floor maintenance equipment, is now a division of **Studebaker-Packard Corporation,** according to announcement by **Clarke President Ernest Cooper.** The release states that there will be no changes in policies, management or field personnel, but the resources of Studebaker-Packard are expected to result in continuing and increasing expansion of manufacturing and service facilities.

Consoweld Corporation, Wisconsin Rapids, Wis., announces operation of what is described as the world's largest plastic laminating press, capable of turning out 180,000 square feet daily of plastic laminated counter and table tops.

Hard Manufacturing Co., 117 Tonawanda St., Buffalo 7, N. Y., manufacturer of the Life-Long line of institutional furniture and equipment, announces the opening of its new modern showroom at **432 Park Ave. S., New York.** Samples of the complete line of equipment, including the new Mark 20 series and the All-Ektrik pushbutton patient bed, are shown, together with the hospital planning center with scaled grid and models of the line enabling visitors to plot out and visualize patient room layout.

United Fruit Co., 30 St. James St., Boston 16, Mass., grower and shipper of bananas from Latin America, announces its entry into the processed foods business. The first step is acquisition of **Liana Incorporated, San Carlos, Texas,** a company engaged in the freeze-dehydration of shrimp.

Edward Weck & Co., 135 Johnson St., Brooklyn 1, N. Y., manufacturer of fine surgical instruments and other surgical equipment and supplies, announces that **Crown Surgical Supply, Pasadena, Calif.,** is now a part of the Weck organization. **Frank W. Wilmarth,** President of Weck, states that Crown will continue its present business under the management of **Messrs. Schaal and Brand,** but in addition will sell Weck Instruments and Specialties with emphasis on products and systems for central supply service.

Westinghouse Electric Co., Lamp Division, Bloomfield, N. J., announces the formation of an ultraviolet consulting group for the purpose of offering professional service to hospitals interested in installing ultraviolet radiation to reduce post-operative infection in operating rooms. The newly formed group will provide information and technical assistance to hospitals on proper ultraviolet installation, and will prepare suggested layouts tailored to the needs of individual operating rooms.

INDEX TO ADVERTISEMENTS

USE THIS PAGE TO REQUEST PRODUCT INFORMATION

The index on this and the following page lists advertisements in this magazine alphabetically by manufacturer. For additional information about any product or service advertised, circle the manufacturer's key number on the detachable postcard and mail it. No postage is required.

Products described in the "What's New" pages of this magazine also have key numbers which appear in each instance following the description of the item. For more information about these items, circle the appropriate numbers on the postcard and mail it, without postage, to The Modern Hospital.

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USE THIS CARD — (We pay the postage)

I am interested in the items circled— **November, 1960**

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NAME _____ TITLE _____

INSTITUTION _____

ADDRESS _____ ZONE _____ STATE _____

☐ **Enter my One Year Subscription To Modern Hospital ($5), Foreign ($7).**

INDEX TO ADVERTISEMENTS

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PERMIT NO. 137
CHICAGO, ILL.

BUSINESS REPLY MAIL

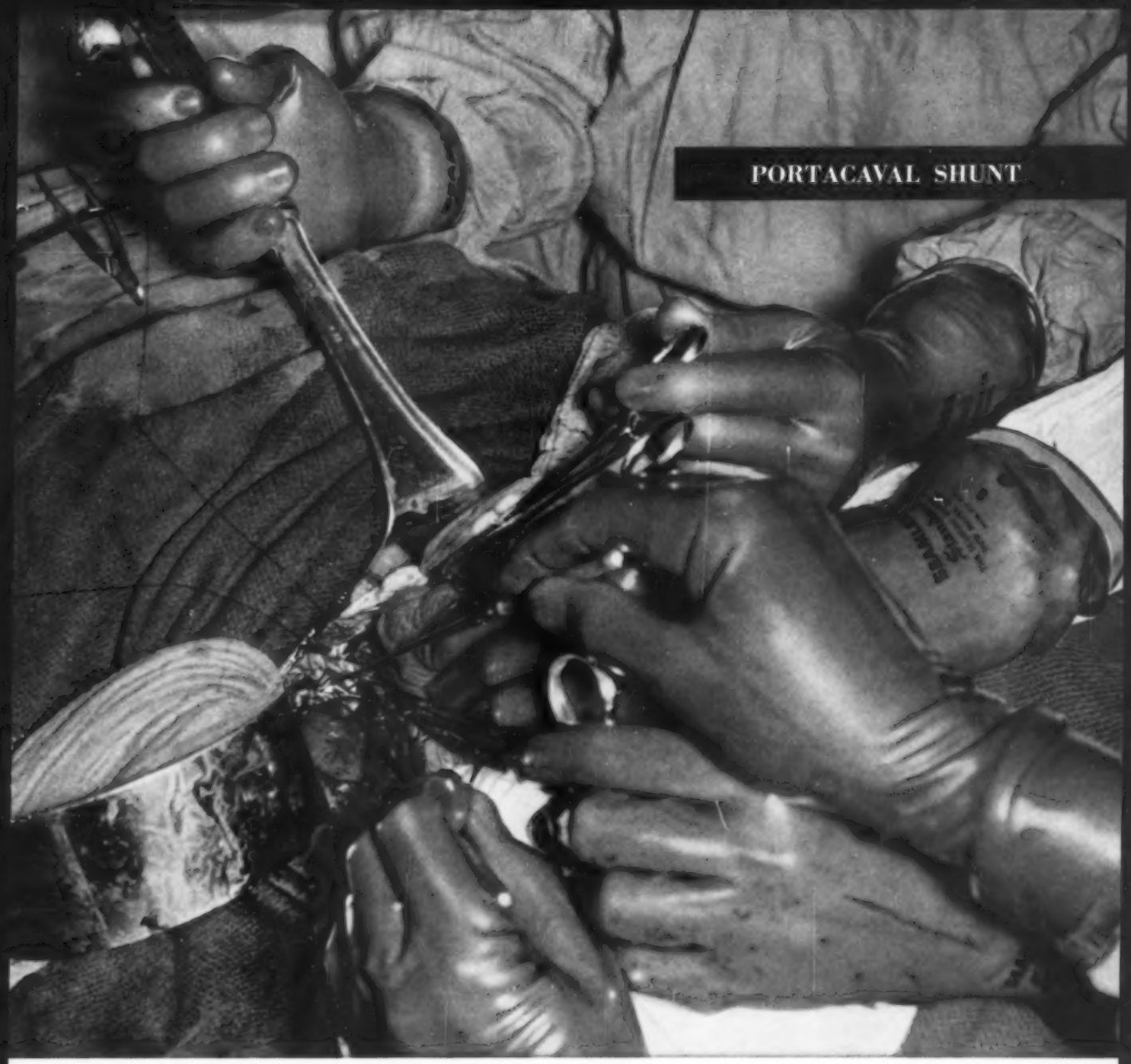
No Postage Stamp Necessary If Mailed in the United States

POSTAGE WILL BE PAID BY

THE MODERN HOSPITAL

919 NORTH MICHIGAN AVENUE

CHICAGO 11, ILLINOIS



Make the Surgeon's Task Easier

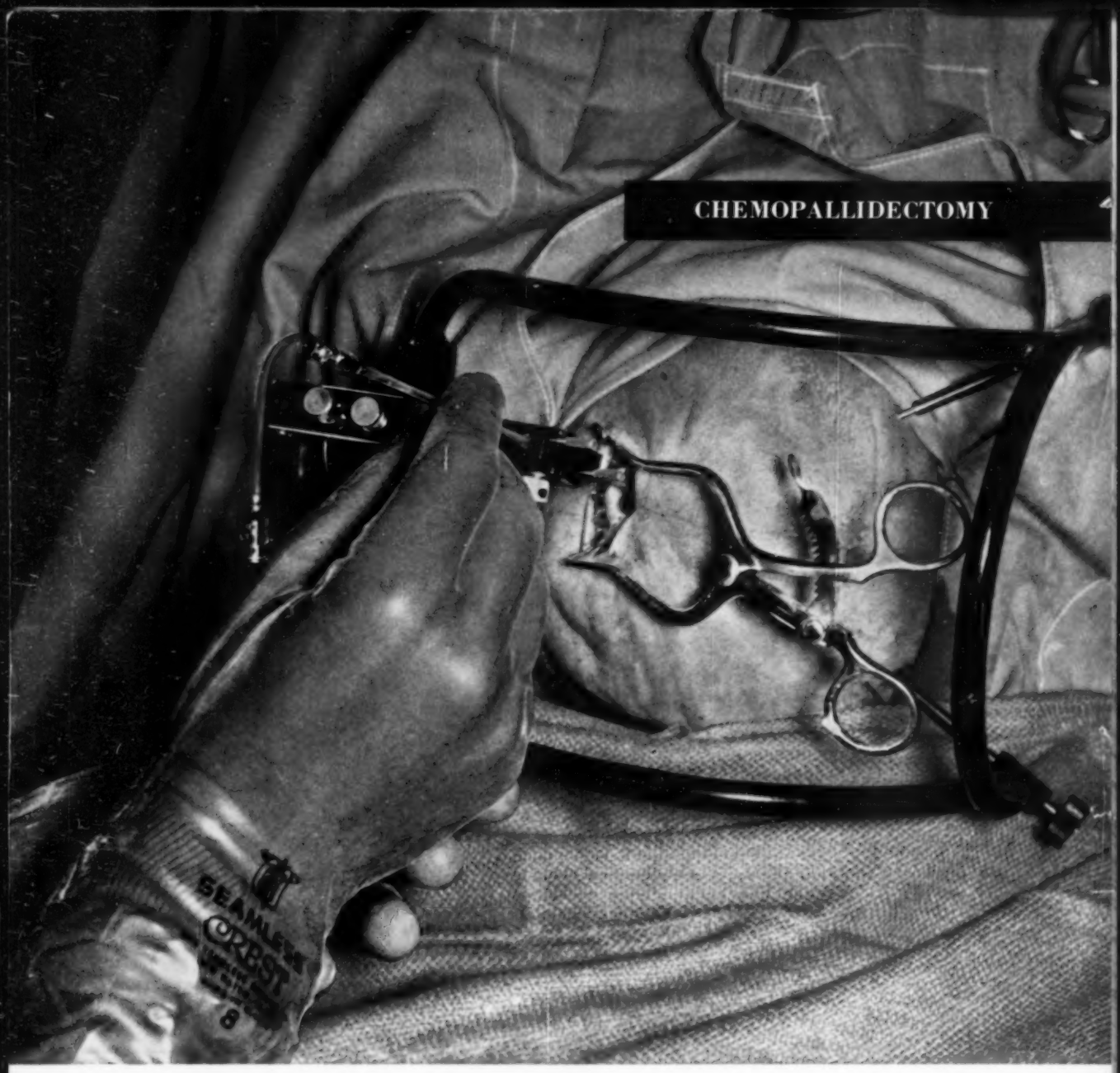
Brown Milled Surgeons' Gloves by SEAMLESS

Before you order surgical gloves again, consider these facts. Deep in an incision, the maximum tactile sensitivity of Brown Milled Surgeons' Gloves by Seamless assure unmatched "sightless seeing." Minimal radial bind across the knuckles and palm guarantees maximum comfort. Equally important, their hypoallergenic property eliminates the possibility of latex dermatitis. These advantages make Brown Milled Gloves the finest general surgeon's glove available today. Contact your Seamless representative for further information and samples.

HOSPITAL DIVISION

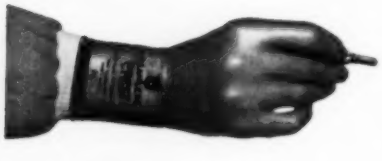
THE SEAMLESS RUBBER COMPANY

NEW HAVEN 3, CONN., U.S.A.



Closest thing to Operating Barehanded

CREST[T.M.] *Brown Milled Surgeons' Gloves by* SEAMLESS

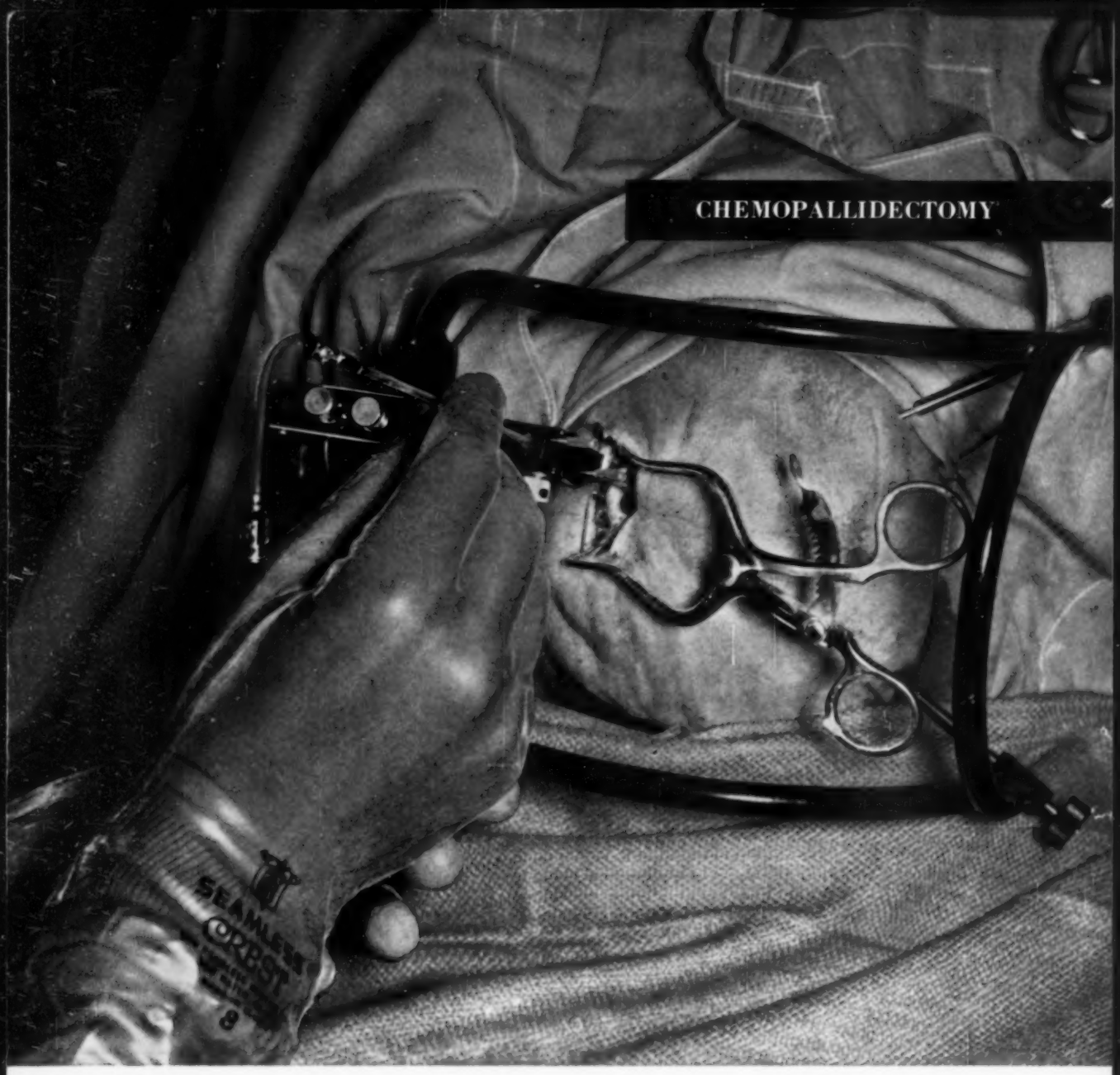


Now your eye, brain and vascular surgeons can operate in barehanded comfort . . . without any threat of infection. CREST Surgeons' Gloves are 47 percent thinner and softer than regular weight Brown Milled gloves. Hypoallergenic CREST Gloves provide the ultimate in sensitivity. Radial bind across palm and knuckles is nonexistent so hand fatigue is eliminated. CREST Gloves are especially recommended for brain, eye and vascular surgery. For detailed information and samples, contact your Seamless representative.

HOSPITAL DIVISION

THE SEAMLESS RUBBER COMPANY

NEW HAVEN 3, CONN., U.S.A.



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HOSPITAL DIVISION

THE SEAMLESS RUBBER COMPANY

NEW HAVEN 3, CONN., U.S.A.